

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

DEMOCRATIC PARTY OF ILLINOIS

ADDRESS (number and street)

P.O. BOX 518

☐ Check if different than previously reported. (ACC)

SPRINGFIELD

IL

62705

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00167015

3. IS THIS REPORT

☐

NEW (N)

OR

☒

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☒ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

11

04

2014

in the State of

IL

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

in the State of

5. Covering Period

10

01

2014

through

10

15

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Michael Kasper

Signature of Treasurer

Michael Kasper

[Electronically Filed]

Date

01

02

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

DEMOCRATIC PARTY OF ILLINOIS

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2014 To: M M / D D / Y Y Y Y 10 / 15 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> 2014		<span style="border: 1px solid black; padding: 2px;">763467.65</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">871320.55</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">1683826.12</span>	<span style="border: 1px solid black; padding: 2px;">4136088.14</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">2555146.67</span>	<span style="border: 1px solid black; padding: 2px;">4899555.79</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">1409928.84</span>	<span style="border: 1px solid black; padding: 2px;">3754337.96</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">1145217.83</span>	<span style="border: 1px solid black; padding: 2px;">1145217.83</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**DEMOCRATIC PARTY OF ILLINOIS**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	4

<b>I. Receipts</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	142950.00	514229.00
(ii) Unitemized .....	559.60	10523.60
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	143509.60	524752.60
(b) Political Party Committees .....	5155.50	56954.47
(c) Other Political Committees (such as PACs).....	673627.88	2093831.94
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ..... ►	822292.98	2675539.01
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	47917.00	377856.81
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	30713.68	299789.86
(b) Levin Funds (from Schedule H5) .....	782902.46	782902.46
(c) Total Transfers (add 18(a) and 18(b))..	813616.14	1082692.32
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ►	1683826.12	4136088.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ..... ►	870209.98	3053395.82

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	15999.56	128309.93
(ii) Non-Federal Share.....	60188.84	482690.08
(b) Other Federal Operating Expenditures .....	0.00	18761.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	76188.40	629761.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	100107.23	308239.45
(ii) "Levin" Share.....	376593.88	1159567.43
(b) Federal Election Activity Paid Entirely With Federal Funds .....	857039.33	1656769.75
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	1333740.44	3124576.63
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1409928.84	3754337.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	973146.12	2112080.45

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	822292.98	2675539.01
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	822292.98	2675539.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	15999.56	147071.25
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	15999.56	147071.25

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Kenneth Allred**

Mailing Address 3522 Lakeway Dr

City State Zip Code  
 Ellicott City MD 21042

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Exelon

Occupation

VP-IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11AI.36160

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. John T. Anthony**

Mailing Address 541 Prescott Road

City State Zip Code  
 Merion Station PA 19066

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Com Ed

Occupation

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 09 / 2014

Transaction ID : SA11AI.36179

Amount of Each Receipt this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Richard Astle**

Mailing Address 3120 N. Sheridan Road

City State Zip Code  
 Chicago IL 60657

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sidley Austin LLP

Occupation

Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 12 / 2014

Transaction ID : SA11AI.36207

Amount of Each Receipt this Period

500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

4000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. John Barry**

Mailing Address 5337 Fox Crest

City

Edwardsville

State

IL

Zip Code

62040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gori, Julian & Associates, PC

Occupation

Attorney - Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

10 / 01 / 2014

Transaction ID : SA11AI.35793

Amount of Each Receipt this Period

10000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Russell Budd**

Mailing Address 4514 Cole Avenue

City

Dallas

State

TX

Zip Code

75205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baron & Budd, Inc.

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

10 / 01 / 2014

Transaction ID : SA11AI.35784

Amount of Each Receipt this Period

10000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Joan Clifford**

Mailing Address 840 N. Lake Shore Drive

City

Chicago

State

IL

Zip Code

60611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

10 / 09 / 2014

Transaction ID : SA11AI.36186

Amount of Each Receipt this Period

10000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 132

(check only one)

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Robert Clifford**

Mailing Address 840 N. Lake Shore Drive

City State Zip Code  
 Chicago IL 60611

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Clifford Law

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 09 / 2014

Transaction ID : SA11AI.36187

Amount of Each Receipt this Period

10000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. James Conway**

Mailing Address 7912 Keystone Road

City State Zip Code  
 Orland Park IL 60462

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Com Ed

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 03 / 2014

Transaction ID : SA11AI.36161

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

**c. Christopher Costanzo**

Mailing Address 7528 Talley Abbey Way

City State Zip Code  
 Baldwinville WY 13027

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Exelon

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 09 / 2014

Transaction ID : SA11AI.36180

Amount of Each Receipt this Period

500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

11000.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. John Doerrer**

Mailing Address 1705 N. Rutherford

City

Chicago

State

IL

Zip Code

60607

FEC ID number of contributing federal political committee.

C

Name of Employer

John A. Doerrer &amp; Associates P

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 12 / 2014

Transaction ID : SA11AI.36208

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Terence Donnelly**

Mailing Address 8042 Shag Bark Lane

City

Burr Ridge

State

IL

Zip Code

60527

FEC ID number of contributing federal political committee.

C

Name of Employer

Com Ed

Occupation

EVP operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2014

Transaction ID : SA11AI.35771

Amount of Each Receipt this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Ronald Donovan**

Mailing Address 749 Fox Run

City

Geneva

State

IL

Zip Code

60134

FEC ID number of contributing federal political committee.

C

Name of Employer

Com Ed

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 03 / 2014

Transaction ID : SA11AI.36165

Amount of Each Receipt this Period

1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

4500.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Jose Fernandez**

Mailing Address PMB 607 # 105 89 Ave De Diego

City	State	Zip Code
San Juan	PR	00927

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oriental Financial Group

Occupation

President and CeO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2014

Transaction ID : SA11AI.36194

Amount of Each Receipt this Period

1200.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Mary Jane Fernandez**

Mailing Address PMB 607 # 105, 85 Ave. De Diego

City	State	Zip Code
San Juan	PR	00927

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2014

Transaction ID : SA11AI.36196

Amount of Each Receipt this Period

1200.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Leonard Gail**

Mailing Address 440 West Belden Avenue

City	State	Zip Code
Chicago	IL	60614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Massey &amp; Gail

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2014

Transaction ID : SA11AI.36198

Amount of Each Receipt this Period

10000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

12400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Paul Gaynor**

Mailing Address 645 Forest Avenue

City

Evanston

State

IL

Zip Code

60202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

G & R Public Law

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11AI.36166

Amount of Each Receipt this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Randy Gori**

Mailing Address 4586 Mooney Creek Lane

City

Edwardsville

State

IL

Zip Code

62025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gori, Julian and Assoc.

Occupation

Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

10 / 01 / 2014

Transaction ID : SA11AI.35790

Amount of Each Receipt this Period

10000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Keith A. Hebeisen**

Mailing Address 2828 Woodmere Court

City

Northbrook

State

IL

Zip Code

60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Clifford Law Offices

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

10 / 09 / 2014

Transaction ID : SA11AI.36200

Amount of Each Receipt this Period

5000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

17500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

## **A. Edward Jandacek**

Mailing Address 6607 St. James Court

City State Zip Code  
Downers Grove IL 60516

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Exelon

Occupation

Vice President Supply

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 03 / 2014

**Transaction ID : SA11AI.36167**

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

## **B. Kristopher Keys**

Mailing Address 3847 Junebreeze

City State Zip Code  
Naperville IL 60564

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Exelon

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 14 / 2014

**Transaction ID : SA11AI.36212**

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

## **C. Mary Korsnick**

Mailing Address 3510 Castle Way

City State Zip Code  
Davidsonville MD 21035

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Exelon

Occupation

Sr. Vice President Northeast Operation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2014

**Transaction ID : SA11AI.35772**

Amount of Each Receipt this Period

500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Jerry A. Latherow**

Mailing Address 1852 N. Burling Street

City State Zip Code  
Chicago IL 60614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Latherow Law Office

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 03 / 2014

**Transaction ID : SA11AI.36155**

Amount of Each Receipt this Period

3000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Baldemar Lopez**

Mailing Address 2559 Boardwalk Boulevard

City State Zip Code  
Hoffman Estates IL 60169

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self employed

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 03 / 2014

**Transaction ID : SA11AI.36174**

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Michael McClaiou**

Mailing Address 1300 Tuscany Drive

City State Zip Code  
Quincy IL 62305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IRMA

Occupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 12 / 2014

**Transaction ID : SA11AI.36209**

Amount of Each Receipt this Period

1500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial)

A. Michael McMahan

Mailing Address 39W677 Caribou Trail

City

Saint Charles

State

IL

Zip Code

60175

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Com Ed

Occupation

Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 14 / 2014

Transaction ID : SA11AI.36213

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Steven Naumann

Mailing Address 8210 Tripp Avenue

City

Skokie

State

IL

Zip Code

60076

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Exelon

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2014

Transaction ID : SA11AI.35775

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Melissa Nigro

Mailing Address 967 Fell Street

City

Baltimore

State

MD

Zip Code

21231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Exelon

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2014

Transaction ID : SA11AI.35776

Amount of Each Receipt this Period

2000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

3500.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Denis O'Brien**

Mailing Address 321 Canterbury Road

City

Havertown

State

PA

Zip Code

19083

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Exelon

Occupation

Utility Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2014

**Transaction ID : SA11AI.36168**

Amount of Each Receipt this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Kevin O'Shea**

Mailing Address 411 N. High Street

City

Port Byron

State

IL

Zip Code

61275

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Exelon

Occupation

Plant manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2014

**Transaction ID : SA11AI.35778**

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Joseph Pacher**

Mailing Address 227 Basket Road

City

Webster

State

NY

Zip Code

14580

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Exelon

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2014

**Transaction ID : SA11AI.36182**

Amount of Each Receipt this Period

500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

## **A. Anne Pramaggiore**

Mailing Address 89 Hills & Dales Road

City State Zip Code  
 Barrington Hills IL 60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Com Ed

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

10 / 01 / 2014

Transaction ID : SA11AI.35780

Amount of Each Receipt this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

## **B. Martin Proctor**

Mailing Address 100 Constellation Way

City State Zip Code  
 Baltimore MD 21201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Exelon Corporation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

10 / 01 / 2014

Transaction ID : SA11AI.35781

Amount of Each Receipt this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

## **C. David Rhoades**

Mailing Address 820 Adrienne Court

City State Zip Code  
 Ottawa IL 61350

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Exelon

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11AI.36150

Amount of Each Receipt this Period

1500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

8000.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Bruce Sagan**

Mailing Address 415 E. North Water # 1505

City State Zip Code  
 Chicago IL 60611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Herald Newspaper

Occupation

Journalist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

10 / 01 / 2014

Transaction ID : SA11AI.35799

Amount of Each Receipt this Period

10000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Mary Jacobs Skinner**

Mailing Address 1 1st National Plaza

City State Zip Code  
 Chicago IL 60603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sidley and Austin

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 12 / 2014

Transaction ID : SA11AI.36211

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Steven Solomon**

Mailing Address 1523 Gardenside Court

City State Zip Code  
 Naperville IL 60540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Exelon

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 01 / 2014

Transaction ID : SA11AI.35782

Amount of Each Receipt this Period

500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

11000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

## **A. Jennifer Steans**

Mailing Address 2234 Lincolnwood

City

Evanston

State

IL

Zip Code

60201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self employed

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

10 / 01 / 2014

Transaction ID : SA11AI.35795

Amount of Each Receipt this Period

10000.00

Contribution

Full Name (Last, First, Middle Initial)

## **B. Katherine Tisdahl**

Mailing Address 53 W. Jackson Boulevard

City

Chicago

State

IL

Zip Code

60604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Inclusion Solutions

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 09 / 2014

Transaction ID : SA11AI.36205

Amount of Each Receipt this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

## **C. Joseph R Trpik Jr.**

Mailing Address 838 W Lill Ave

City

Chicago

State

IL

Zip Code

60614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Exelon

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

10 / 01 / 2014

Transaction ID : SA11AI.35783

Amount of Each Receipt this Period

1500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

14000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

## **A. William Von Hoene**

Mailing Address 6901 S. Constance Avenue

City State Zip Code  
Chicago IL 60649

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Exelon

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

10 / 03 / 2014

**Transaction ID : SA11AI.36170**

Amount of Each Receipt this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

## **B. John Washko**

Mailing Address 1619 N. 159th Road

City State Zip Code  
Streator IL 61364

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Exelon

Occupation

Plant Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 03 / 2014

**Transaction ID : SA11AI.36151**

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

## **C. Bruce Wilson**

Mailing Address 333 Leicester Road

City State Zip Code  
Kenilworth IL 60043

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Exelon

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 03 / 2014

**Transaction ID : SA11AI.36171**

Amount of Each Receipt this Period

1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

6250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Robert Wilson**

Mailing Address 20 N. Michigan Avenue

City

Chicago

State

IL

Zip Code

60602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

US Equities Realty

Occupation

Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 03 / 2014

**Transaction ID : SA11AI.36178**

Amount of Each Receipt this Period

10000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Karen Yarbrough**

Mailing Address 217 S. 2nd Avenue

City

Maywood

State

IL

Zip Code

60153

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Best efforts

Occupation

Best efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 03 / 2014

**Transaction ID : SA11AI.36176**

Amount of Each Receipt this Period

300.00

Contribution

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

10300.00

142950.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☐ 11a ☒ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

## **A. DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Mailing Address 430 SOUTH CAPITOL STREET SE

City State Zip Code  
 WASHINGTON DC 20003

FEC ID number of contributing  
federal political committee.

**C** C00460147

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

27594.09

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 08 2014

**Transaction ID : SA11B.36158**

Amount of Each Receipt this Period

5155.50

Contribution

## **B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

## **C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5155.50

5155.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

## **A. AMERICA WORKS PAC**

Mailing Address PO BOX 15293

City State Zip Code  
WASHINGTON DC 20003

FEC ID number of contributing  
federal political committee.

**C** C00331694

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**10** / **09** / **2014**

**Transaction ID : SA11C.36184**

Amount of Each Receipt this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

## **B. BLUE DOG POLITICAL ACTION COMMITTEE**

Mailing Address P.O. BOX 83142

City State Zip Code  
GAITHERSBURG MD 20883

FEC ID number of contributing  
federal political committee.

**C** C00305318

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**10** / **03** / **2014**

**Transaction ID : SA11C.36153**

Amount of Each Receipt this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

## **C. COMMON GROUND PAC**

Mailing Address 1490 QUARTERPATH ROAD  
NUMBER 272

City State Zip Code  
WILLIAMSBURG VA 23185

FEC ID number of contributing  
federal political committee.

**C** C00538835

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**10** / **01** / **2014**

**Transaction ID : SA11C.35786**

Amount of Each Receipt this Period

5000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

15000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

## **A. Democratic Congressional Campaign Committee**

Mailing Address 430 South Capitol Street, S.E. #2

City State Zip Code  
Washington DC 20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1670494.06

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 02 / 2014

**Transaction ID : SA11C.36215**

Amount of Each Receipt this Period

452060.00

Contribution

Full Name (Last, First, Middle Initial)

## **B. Democratic Congressional Campaign Committee**

Mailing Address 430 South Capitol Street, S.E. #2

City State Zip Code  
Washington DC 20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1853944.06

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2014

**Transaction ID : SA11C.36217**

Amount of Each Receipt this Period

183450.00

Contribution

Full Name (Last, First, Middle Initial)

## **C. Democratic County Chairmens Federal Account**

Mailing Address P.O. Box 3445

City State Zip Code  
Springfield IL 62708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2014

**Transaction ID : SA11C.36188**

Amount of Each Receipt this Period

5000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

640510.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

## **A. EMILY'S LIST**

Mailing Address 1800 M STREET, NW  
STE 375N

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing  
federal political committee.

**C** C00193433

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : SA11C.36192**

Amount of Each Receipt this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

## **B. HOYER FOR CONGRESS**

Mailing Address 700 13TH STREET, NW  
SUITE 600

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing  
federal political committee.

**C** C00140715

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

483.20

Date of Receipt

10 / 07 / 2014

**Transaction ID : SA11C.36220**

Amount of Each Receipt this Period

483.20

In-kind - Travel

Full Name (Last, First, Middle Initial)

## **C. HOYER FOR CONGRESS**

Mailing Address 700 13TH STREET, NW  
SUITE 600

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing  
federal political committee.

**C** C00140715

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

617.88

Date of Receipt

10 / 13 / 2014

**Transaction ID : SA11C.36221**

Amount of Each Receipt this Period

134.68

In-kind - Travel

**SUBTOTAL** of Receipts This Page (optional)..... ►

3117.88

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

## **A. IMPACT**

Mailing Address 192 LEXINGTON AVE.  
SUITE 1001

City State Zip Code  
NEW YORK NY 10016

FEC ID number of contributing  
federal political committee.

**C** C00348607

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**10** / **09** / **2014**

**Transaction ID : SA11C.36201**

Amount of Each Receipt this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

## **B. PAC FOR A LEVEL PLAYING FIELD**

Mailing Address 124 WASHINGTON STREET  
SUITE 101

City State Zip Code  
FOXBORO MA 02035

FEC ID number of contributing  
federal political committee.

**C** C00540195

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**10** / **09** / **2014**

**Transaction ID : SA11C.36203**

Amount of Each Receipt this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

## **C. WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT**

Mailing Address 702 S.W. 8TH STREET

City State Zip Code  
BENTONVILLE AR 72716

FEC ID number of contributing  
federal political committee.

**C** C00093054

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**10** / **01** / **2014**

**Transaction ID : SA11C.35800**

Amount of Each Receipt this Period

5000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

15000.00

**TOTAL** This Period (last page this line number only)..... ►

673627.88

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 132

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial)

**A. DUCKWORTH FOR CONGRESS**

Mailing Address P.O. BOX 8867

City	State	Zip Code
ROLLING MEADOWS	IL	60008

FEC ID number of contributing federal political committee.

C C00498634

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30167.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2014

Transaction ID : SA17.35788

Amount of Each Receipt this Period

27167.00

Unlimited transfer

Full Name (Last, First, Middle Initial)

**B. Friends of Leslie Hairston**

Mailing Address P.O. Box 497028

City	State	Zip Code
Chicago	IL	60649-7028

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2014

Transaction ID : SA17.36156

Amount of Each Receipt this Period

750.00

Vote builder

Full Name (Last, First, Middle Initial)

**C. QUIGLEY FOR CONGRESS**

Mailing Address PO BOX 13040

City	State	Zip Code
CHICAGO	IL	60613

FEC ID number of contributing federal political committee.

C C00457556

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

21500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2014

Transaction ID : SA17.35797

Amount of Each Receipt this Period

20000.00

Unlimited transfer

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

47917.00

47917.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Andrew Adamski**

Mailing Address 3 Winston Road

City East Lyme State CT Zip Code 06333

Purpose of Disbursement  
Wages

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 10 / 2014

**Transaction ID : SB30B.35700**

Amount of Each Disbursement this Period

1972.26

Full Name (Last, First, Middle Initial)

**B. May Affre**

Mailing Address 1803 Country Drive  
Apt. 301

City Grayslake State IL Zip Code 60030

Purpose of Disbursement  
Wages

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 10 / 2014

**Transaction ID : SB30B.35713**

Amount of Each Disbursement this Period

1108.54

Full Name (Last, First, Middle Initial)

**C. Collin Akers**

Mailing Address 616 Sherman Avenue

City Edwardsville State IL Zip Code 62025

Purpose of Disbursement  
Wages

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 10 / 2014

**Transaction ID : SB30B.35701**

Amount of Each Disbursement this Period

1268.74

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

4349.54

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Anastasia Almasi**

Mailing Address 1825 Holmes Avenue

City	State	Zip Code
Springfield	IL	62704

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35735**

Amount of Each Disbursement this Period

1088.07
---------

Full Name (Last, First, Middle Initial)

**B. Saeid Barghi**

Mailing Address 1211 Lockwood Drive

City	State	Zip Code
Buffalo Grove	IL	60089

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35670**

Amount of Each Disbursement this Period

1083.85
---------

Full Name (Last, First, Middle Initial)

**C. Sakina Bennett**

Mailing Address 7345 Amherst Avenue

City	State	Zip Code
Saint Louis	MO	63130

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35702**

Amount of Each Disbursement this Period

1108.52
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3280.44
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Bryan Besser**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2014

Mailing Address 365 Dogwood Terrace

**Transaction ID : SB30B.35671**

City	State	Zip Code
Buffalo Grove	IL	60089

Amount of Each Disbursement this Period

Purpose of Disbursement  
Wages

Category/ Type

1083.84

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**B. Steffanie Bezruki**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2014

Mailing Address 57 Rhode Island Avenue

**Transaction ID : SB30B.35714**

City	State	Zip Code
Washington	DC	20001

Amount of Each Disbursement this Period

Purpose of Disbursement  
Wages

Category/ Type

1108.53

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**C. William Biagi**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2014

Mailing Address 339 Jocelyn Place

**Transaction ID : SB30B.35672**

City	State	Zip Code
Highwood	IL	60040

Amount of Each Disbursement this Period

Purpose of Disbursement  
Wages

Category/ Type

1112.95

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3305.32

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Blue Calls, LLC**

Mailing Address 1626 Beekman Place NW, Unit B

City	State	Zip Code
Washington	DC	20009

Purpose of Disbursement  
Robocall with Dick Durbin

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		12		2014

**Transaction ID : SB30B.35760**

Amount of Each Disbursement this Period

10404.06
----------

Full Name (Last, First, Middle Initial)

**B. Wesley Boensel**

Mailing Address 15671 Sunset Street

City	State	Zip Code
Petersburg	IL	62675

Purpose of Disbursement  
Insurance reimbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35646**

Amount of Each Disbursement this Period

1847.08
---------

Full Name (Last, First, Middle Initial)

**C. Wesley Boensel**

Mailing Address 15671 Sunset Street

City	State	Zip Code
Petersburg	IL	62675

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35743**

Amount of Each Disbursement this Period

1747.62
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

13998.76
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Sylvia Bowman**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

Mailing Address 1918 Clover Avenue

**Transaction ID : SB30B.35715**

City	State	Zip Code
Rockford	IL	61102

Amount of Each Disbursement this Period

Purpose of Disbursement  
WagesCategory/  
Type

1083.84

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**B. Amy Brown**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

Mailing Address 39 Regent Drive

**Transaction ID : SB30B.35673**

Amount of Each Disbursement this Period

City	State	Zip Code
Gilbens	IL	60136

Purpose of Disbursement  
WagesCategory/  
Type

1083.84

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**C. Ian Bruckner**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

Mailing Address 941 Highland Lane

**Transaction ID : SB30B.35674**

Amount of Each Disbursement this Period

City	State	Zip Code
Irvington	NY	10533

Purpose of Disbursement  
WagesCategory/  
Type

1083.83

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3251.51

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Brenda Carrillo**

Mailing Address 2919 Wichita Avenue

City	State	Zip Code
Amarillo	TX	79107

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35716**

Amount of Each Disbursement this Period

1083.84
---------

Full Name (Last, First, Middle Initial)

**B. Michael Carson**

Mailing Address 3821 N. Damen Avenue

City	State	Zip Code
Chicago	IL	60618

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35731**

Amount of Each Disbursement this Period

1754.84
---------

Full Name (Last, First, Middle Initial)

**C. Central Management Services**

Mailing Address P.O. Box 10077

City	State	Zip Code
Springfield	IL	62791

Purpose of Disbursement  
Insurance-Almasi

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35645**

Amount of Each Disbursement this Period

781.06
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3619.74
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 132

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Central Management Services**

Mailing Address P.O. Box 10077

City	State	Zip Code
Springfield	IL	62791

Purpose of Disbursement  
Insurance-Cory

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35647**

Amount of Each Disbursement this Period

1185.80
---------

Full Name (Last, First, Middle Initial)

**B. Central Management Services**

Mailing Address P.O. Box 10077

City	State	Zip Code
Springfield	IL	62791

Purpose of Disbursement  
Insurance-Cousineau

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35648**

Amount of Each Disbursement this Period

1797.42
---------

Full Name (Last, First, Middle Initial)

**C. Central Management Services**

Mailing Address P.O. Box 10077

City	State	Zip Code
Springfield	IL	62791

Purpose of Disbursement  
Insurance-Hall

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35649**

Amount of Each Disbursement this Period

700.74
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3683.96

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Central Management Services**

Mailing Address P.O. Box 10077

City	State	Zip Code
Springfield	IL	62791

Purpose of Disbursement  
Insurance-Maley

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35651**

Amount of Each Disbursement this Period

631.78
--------

Full Name (Last, First, Middle Initial)

**B. Central Management Services**

Mailing Address P.O. Box 10077

City	State	Zip Code
Springfield	IL	62791

Purpose of Disbursement  
Insurance-Maxson

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35652**

Amount of Each Disbursement this Period

784.36
--------

Full Name (Last, First, Middle Initial)

**C. Central Management Services**

Mailing Address P.O. Box 10077

City	State	Zip Code
Springfield	IL	62791

Purpose of Disbursement  
Insurance-Mehundrew

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35653**

Amount of Each Disbursement this Period

1418.12
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2834.26

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Central Management Services**

Mailing Address P.O. Box 10077

City	State	Zip Code
Springfield	IL	62791

Purpose of Disbursement  
Insurance-Murray

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35654**

Amount of Each Disbursement this Period

1848.74
---------

Full Name (Last, First, Middle Initial)

**B. Central Management Services**

Mailing Address P.O. Box 10077

City	State	Zip Code
Springfield	IL	62791

Purpose of Disbursement  
Insurance-Nagel

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35655**

Amount of Each Disbursement this Period

1656.08
---------

Full Name (Last, First, Middle Initial)

**C. Central Management Services**

Mailing Address P.O. Box 10077

City	State	Zip Code
Springfield	IL	62791

Purpose of Disbursement  
Insurance-Nippa

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35656**

Amount of Each Disbursement this Period

781.88
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4286.70

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Central Management Services**

Mailing Address P.O. Box 10077

City	State	Zip Code
Springfield	IL	62791

Purpose of Disbursement  
Insurance-Schuette

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35657**

Amount of Each Disbursement this Period

783.54
--------

Full Name (Last, First, Middle Initial)

**B. Central Management Services**

Mailing Address P.O. Box 10077

City	State	Zip Code
Springfield	IL	62791

Purpose of Disbursement  
Insurance-Sullivan

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35658**

Amount of Each Disbursement this Period

783.54
--------

Full Name (Last, First, Middle Initial)

**C. Emily Cheong**

Mailing Address 3895 Anjou Lane

City	State	Zip Code
Hoffman Estates	IL	60192

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35675**

Amount of Each Disbursement this Period

1083.83
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2650.91
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Ronald Chiu**

Mailing Address 18248 Cork Road

City	State	Zip Code
Tinley Park	IL	60477

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35717**

Amount of Each Disbursement this Period

1083.83
---------

Full Name (Last, First, Middle Initial)

**B. Thomas Cory**

Mailing Address 2081 W. Monroe Street # 6

City	State	Zip Code
Springfield	IL	62704

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35744**

Amount of Each Disbursement this Period

947.16
--------

Full Name (Last, First, Middle Initial)

**C. William Cousinear**

Mailing Address 2009 S. Glenwood

City	State	Zip Code
Springfield	IL	62704

Purpose of Disbursement  
Mileage reimbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		06		2014

**Transaction ID : SB30B.35613**

Amount of Each Disbursement this Period

191.00
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2221.99
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. William Cousinear**

Mailing Address 2009 S. Glenwood

City	State	Zip Code
Springfield	IL	62704

Purpose of Disbursement  
Reimbursement C

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		06		2014

**Transaction ID : SB30B.35614**

Amount of Each Disbursement this Period

3268.87
---------

Full Name (Last, First, Middle Initial)

**B. William Cousinear**

Mailing Address 2009 S. Glenwood

City	State	Zip Code
Springfield	IL	62704

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35745**

Amount of Each Disbursement this Period

4460.11
---------

Full Name (Last, First, Middle Initial)

**C. Marshall Derks**

Mailing Address 328 S. Woodrow Street

City	State	Zip Code
Columbia	SC	29205

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35718**

Amount of Each Disbursement this Period

1503.26
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9232.24
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Alex Dintruff**

Mailing Address 526 E. Prospect Avenue

City	State	Zip Code
Lake Bluff	IL	60044

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35660**

Amount of Each Disbursement this Period

1268.74
---------

Full Name (Last, First, Middle Initial)

**B. Jeffrey Easterling**

Mailing Address 1787 Vermont Drive

City	State	Zip Code
Elk Grove	IL	60007

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35676**

Amount of Each Disbursement this Period

1083.84
---------

Full Name (Last, First, Middle Initial)

**C. Edward Hall**

Mailing Address 333 S. Lewis

City	State	Zip Code
Springfield	IL	62704

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35737**

Amount of Each Disbursement this Period

1112.77
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3465.35

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Shane Henson**

Mailing Address 30148 Oakview

City	State	Zip Code
Livonia	MI	48154

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35677**

Amount of Each Disbursement this Period

1083.83
---------

Full Name (Last, First, Middle Initial)

**B. Internal Revenue Service**

Mailing Address Department of the Treasury

City	State	Zip Code
Kansas City	MO	64999

Purpose of Disbursement  
Payroll taxes

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35728**

Amount of Each Disbursement this Period

23977.60
----------

Full Name (Last, First, Middle Initial)

**C. Internal Revenue Service**

Mailing Address Department of the Treasury

City	State	Zip Code
Kansas City	MO	64999

Purpose of Disbursement  
Payroll taxes

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35729**

Amount of Each Disbursement this Period

42632.48
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

67693.91
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 41 OF 132

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Brexton Isaacs**

Mailing Address 917 Kingsway Lane

City	State	Zip Code
Byron	IL	61010

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35667**

Amount of Each Disbursement this Period

1083.83
---------

Full Name (Last, First, Middle Initial)

**B. Dauntre Jenkins**

Mailing Address 914 E. Willcox Street

City	State	Zip Code
Peoria	IL	61603

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35703**

Amount of Each Disbursement this Period

1112.95
---------

Full Name (Last, First, Middle Initial)

**C. Steven Johnson**

Mailing Address 1411 E. Reservoir Street

City	State	Zip Code
Springfield	IL	62702

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35668**

Amount of Each Disbursement this Period

1182.60
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3379.38
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Kevin Josephs**

Mailing Address 1308 E. Campbell Street

City	State	Zip Code
Arlington Heights	IL	60004

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35678**

Amount of Each Disbursement this Period

1083.83
---------

Full Name (Last, First, Middle Initial)

**B. Elizabeth Jung**

Mailing Address 25 Kassebaum Lane

City	State	Zip Code
Saint Louis	MO	63129

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35690**

Amount of Each Disbursement this Period

1459.05
---------

Full Name (Last, First, Middle Initial)

**C. Daniel Kallio**

Mailing Address 3733 S. Lowe Avenue

City	State	Zip Code
Chicago	IL	60609

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35691**

Amount of Each Disbursement this Period

1083.83
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3626.71
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Matthew Kalmick**

Mailing Address 555 W. Strafford Place

City	State	Zip Code
Chicago	IL	60657

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35679**

Amount of Each Disbursement this Period

1142.08
---------

Full Name (Last, First, Middle Initial)

**B. Kimberly Kargman**

Mailing Address 221 Mt. Auburn Street

City	State	Zip Code
Cambridge	MA	02138

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35661**

Amount of Each Disbursement this Period

1922.24
---------

Full Name (Last, First, Middle Initial)

**C. James Keefe**

Mailing Address 504 E. Waters Edge Drive

City	State	Zip Code
Belleville	IL	62221

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35680**

Amount of Each Disbursement this Period

1083.83
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4148.15
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Erin Kellogg**

Mailing Address 457 Landings Loop W

City	State	Zip Code
Westerville	OH	43082

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35704**

Amount of Each Disbursement this Period

1108.52
---------

Full Name (Last, First, Middle Initial)

**B. Kylie Kelly**

Mailing Address 10230 S. Bell

City	State	Zip Code
Chicago	IL	60643

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.36223**

Amount of Each Disbursement this Period

1027.79
---------

Full Name (Last, First, Middle Initial)

**C. Robert Kern**

Mailing Address 1530 State Street

City	State	Zip Code
Bettendorf	IA	52722

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35719**

Amount of Each Disbursement this Period

1083.84
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3220.15
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Kenneth Kimber**

Mailing Address 2217 Boysenberry Lane

City	State	Zip Code
Springfield	IL	62711

Purpose of Disbursement  
Reimbursed expense-B

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2014

**Transaction ID : SB30B.35602**

Amount of Each Disbursement this Period

25.00
-------

Full Name (Last, First, Middle Initial)

**B. Kenneth Kimber**

Mailing Address 2217 Boysenberry Lane

City	State	Zip Code
Springfield	IL	62711

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35732**

Amount of Each Disbursement this Period

1274.22
---------

Full Name (Last, First, Middle Initial)

**C. Daniel Klein**

Mailing Address 1824 S. Halstead

City	State	Zip Code
Chicago	IL	60608

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		04		2014

**Transaction ID : SB30B.35611**

Amount of Each Disbursement this Period

1001.64
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2300.86
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Daniel Klein**

Mailing Address 1824 S. Halstead

City	State	Zip Code
Chicago	IL	60608

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35669**

Amount of Each Disbursement this Period

1083.83
---------

Full Name (Last, First, Middle Initial)

**B. Brian Koppe**

Mailing Address 265 Rosewood Avenue

City	State	Zip Code
Buffalo Grove	IL	60089

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35681**

Amount of Each Disbursement this Period

1083.84
---------

Full Name (Last, First, Middle Initial)

**C. Ben Lenet**

Mailing Address 1547 W. Blackhawk Avenue

City	State	Zip Code
Chicago	IL	60642

Purpose of Disbursement  
Insurance reimbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35650**

Amount of Each Disbursement this Period

323.93
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2491.60
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Ben Lenet**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2014

Mailing Address 1547 W. Blackhawk Avenue

**Transaction ID : SB30B.35751**

City	State	Zip Code
Chicago	IL	60642

Amount of Each Disbursement this Period

Purpose of Disbursement  
Wages

2534.21
---------

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**B. Benjamin Levin**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2014

Mailing Address 127 Chargeur Road

**Transaction ID : SB30B.35705**

City	State	Zip Code
Reisterstown	MD	21136

Amount of Each Disbursement this Period

Purpose of Disbursement  
Wages

1083.83
---------

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**C. Seth Levin**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2014

Mailing Address 127 Chargeur Road

**Transaction ID : SB30B.35706**

City	State	Zip Code
Reisterstown	MD	21136

Amount of Each Disbursement this Period

Purpose of Disbursement  
Wages

1454.62
---------

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....▶

5072.66
---------

**TOTAL** This Period (last page this line number only).....▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. MailChip**

Mailing Address 512 Means Street

City	State	Zip Code
Atlanta	GA	30318

Purpose of Disbursement  
B-Email size update to send unlimited emails

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : SB30B.35603**

Amount of Each Disbursement this Period

25.00
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Christopher Maley**

Mailing Address 2517 W. Harbauer Lane

City	State	Zip Code
Springfield	IL	62702

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	10	/	2014

**Transaction ID : SB30B.35738**

Amount of Each Disbursement this Period

2927.33
---------

Full Name (Last, First, Middle Initial)

**C. Jonathan Maxson**

Mailing Address 400 E. Jefferson

City	State	Zip Code
Springfield	IL	62701

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	10	/	2014

**Transaction ID : SB30B.35746**

Amount of Each Disbursement this Period

1462.69
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4390.02



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Sean McConnell**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

Mailing Address 4812 Bears Parkway

City	State	Zip Code
Springfield	IL	62711

**Transaction ID : SB30B.35740**Purpose of Disbursement  
Wages

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

1222.90

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**B. Anna McGreal**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

Mailing Address 1717 W. 102nd Street

City	State	Zip Code
Chicago	IL	60643

**Transaction ID : SB30B.35682**Purpose of Disbursement  
Wages

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

1112.95

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**C. David Mehundrew**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

Mailing Address 121 Glen Aire Drive

City	State	Zip Code
Springfield	IL	62703

**Transaction ID : SB30B.35747**Purpose of Disbursement  
Wages

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

1388.24

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3724.09

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 50 OF 132

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Edward Miller**

Mailing Address 57 North Beacon Street

City	State	Zip Code
Hartford	CT	06105

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35692**

Amount of Each Disbursement this Period

1955.93
---------

Full Name (Last, First, Middle Initial)

**B. Max Miller**

Mailing Address 915 South 6th Avenue

City	State	Zip Code
LaGrange	IL	60525

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35663**

Amount of Each Disbursement this Period

1108.52
---------

Full Name (Last, First, Middle Initial)

**C. Solomon Miller**

Mailing Address 1640 Maple Avenue

City	State	Zip Code
Evanston	IL	60201

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35720**

Amount of Each Disbursement this Period

1083.83
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4148.28

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Mission Control**

Mailing Address 114A Mansfield Hollow Road

City	State	Zip Code
Mansfield Center	CT	06250

Purpose of Disbursement  
Printing slate cards

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		14		2014

**Transaction ID : SB30B.35764**

Amount of Each Disbursement this Period

5698.00
---------

Full Name (Last, First, Middle Initial)

**B. Shahdi Montazeri**

Mailing Address 20950 Norman Shores

City	State	Zip Code
Cornelius	NC	28031

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35707**

Amount of Each Disbursement this Period

1112.95
---------

Full Name (Last, First, Middle Initial)

**C. Fernando Montoya**

Mailing Address 1600 Whittier Lane

City	State	Zip Code
Wheaton	IL	60189

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35708**

Amount of Each Disbursement this Period

1083.84
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7894.79
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Felicia Moore**

Mailing Address 420 S. Durkin Drive

City	State	Zip Code
Springfield	IL	62704

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35709**

Amount of Each Disbursement this Period

1166.20
---------

Full Name (Last, First, Middle Initial)

**B. Alexander Morgan**

Mailing Address 725 St. Johns Avenue

City	State	Zip Code
Highland Park	IL	60035

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35683**

Amount of Each Disbursement this Period

1454.62
---------

Full Name (Last, First, Middle Initial)

**C. Andrew Mossman**

Mailing Address 411 Wynona Road

City	State	Zip Code
Edwardsville	IL	62025

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35693**

Amount of Each Disbursement this Period

1268.75
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3889.57
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Russell Nagel**

Mailing Address 529 S. Glenwood Avenue

City	State	Zip Code
Springfield	IL	62704

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35748**

Amount of Each Disbursement this Period

2709.19
---------

Full Name (Last, First, Middle Initial)

**B. Cassandra Nerby**

Mailing Address 25 Timba Bah

City	State	Zip Code
Atlantic City	WY	82520

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35721**

Amount of Each Disbursement this Period

1083.34
---------

Full Name (Last, First, Middle Initial)

**C. Jason Nippa**

Mailing Address 11411 Michican Drive

City	State	Zip Code
Spring Grove	IL	60081

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35749**

Amount of Each Disbursement this Period

1248.41
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5040.94
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 54 OF 132

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Ryanne Olsen**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

Mailing Address 117 E. Dodge Street

**Transaction ID : SB30B.35684**

City	State	Zip Code
Jefferson	WI	53549

Amount of Each Disbursement this Period

Purpose of Disbursement  
WagesCategory/  
Type

1413.48

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**B. Erik Pannell**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

Mailing Address 953 Goetz Drive

**Transaction ID : SB30B.35694**

Amount of Each Disbursement this Period

City	State	Zip Code
East Saint Louis	IL	62203

Purpose of Disbursement  
WagesCategory/  
Type

1171.20

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**C. Penske Truck Rental**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		27		2014

Mailing Address 311 E. Walnut Street

**Transaction ID : SB30B.35618**

Amount of Each Disbursement this Period

City	State	Zip Code
Chatham	IL	62629

Purpose of Disbursement  
C-Truck rentalCategory/  
Type

718.10

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2584.68

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Penske Truck Rental**

Mailing Address 311 E. Walnut Street

City	State	Zip Code
Chatham	IL	62629

Purpose of Disbursement  
C-Truck rental

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		10		2014

**Transaction ID : SB30B.35620**

Amount of Each Disbursement this Period

722.60
--------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Penske Truck Rental**

Mailing Address 311 E. Walnut Street

City	State	Zip Code
Chatham	IL	62629

Purpose of Disbursement  
C-Truck rental

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		17		2014

**Transaction ID : SB30B.35621**

Amount of Each Disbursement this Period

720.10
--------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Penske Truck Rental**

Mailing Address 311 E. Walnut Street

City	State	Zip Code
Chatham	IL	62629

Purpose of Disbursement  
C-Truck rental

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		24		2014

**Transaction ID : SB30B.35622**

Amount of Each Disbursement this Period

720.10
--------

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Pivot Group, Inc.**

Mailing Address 1720 I Street SW, Suite 550

City	State	Zip Code
Washington	DC	20006

Purpose of Disbursement  
Bustos and Calls mail

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2014

**Transaction ID : SB30B.35605**

Amount of Each Disbursement this Period

61213.12
----------

Full Name (Last, First, Middle Initial)

**B. Pivot Group, Inc.**

Mailing Address 1720 I Street SW, Suite 550

City	State	Zip Code
Washington	DC	20006

Purpose of Disbursement  
Bustos and Callis mail

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		03		2014

**Transaction ID : SB30B.35608**

Amount of Each Disbursement this Period

96015.67
----------

Full Name (Last, First, Middle Initial)

**C. Pivot Group, Inc.**

Mailing Address 1720 I Street SW, Suite 550

City	State	Zip Code
Washington	DC	20006

Purpose of Disbursement  
Callis production and postage

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2014

**Transaction ID : SB30B.35612**

Amount of Each Disbursement this Period

10071.89
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

167300.68
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 57 OF 132

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Pivot Group, Inc.**

Mailing Address 1720 I Street SW, Suite 550

City	State	Zip Code
Washington	DC	20006

Purpose of Disbursement  
Printing slate cards

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		14		2014

**Transaction ID : SB30B.35765**

Amount of Each Disbursement this Period

5300.00
---------

Full Name (Last, First, Middle Initial)

**B. Kathryn Pond**

Mailing Address 449 19th Street NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35723**

Amount of Each Disbursement this Period

1083.84
---------

Full Name (Last, First, Middle Initial)

**C. Scott Redenbaugh**

Mailing Address 611 W. Church

City	State	Zip Code
Champaign	IL	61820

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35710**

Amount of Each Disbursement this Period

1413.48
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7797.32

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 58 OF 132

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Megan Reenock**

Mailing Address 624 E. 9th Street

City	State	Zip Code
Northhampton	PA	18067

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35664**

Amount of Each Disbursement this Period

1083.84
---------

Full Name (Last, First, Middle Initial)

**B. Jackson Reid**

Mailing Address 136 W. Glenlake Avenue

City	State	Zip Code
Roselle	IL	60172

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35685**

Amount of Each Disbursement this Period

1083.84
---------

Full Name (Last, First, Middle Initial)

**C. Lyndsey Reller**

Mailing Address 313 S. Fillmore

City	State	Zip Code
Edwardsville	IL	62025

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35695**

Amount of Each Disbursement this Period

1112.96
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3280.64
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Janay Richmond**

Mailing Address 4104 Indian Hill Drive

City	State	Zip Code
Country Club Hills	IL	60478

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35686**

Amount of Each Disbursement this Period

1157.91
---------

Full Name (Last, First, Middle Initial)

**B. Kate Robbins**

Mailing Address 923 W. Main Street

City	State	Zip Code
Belleville	IL	62222

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35696**

Amount of Each Disbursement this Period

1881.10
---------

Full Name (Last, First, Middle Initial)

**C. Thomas Rothe**

Mailing Address 5106 Woodle Ranch Lane

City	State	Zip Code
Rockford	IL	61114

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35724**

Amount of Each Disbursement this Period

1083.84
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4122.85
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Royal Performance**

Mailing Address 2100 Western

City	State	Zip Code
Lisle	IL	60653

Purpose of Disbursement  
Gasoline cards

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		14		2014

**Transaction ID : SB30B.35763**

Amount of Each Disbursement this Period

4272.50
---------

Full Name (Last, First, Middle Initial)

**B. Bradley Ruppert**

Mailing Address 209 N. Lark Lane

City	State	Zip Code
Carbondale	IL	62901

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35666**

Amount of Each Disbursement this Period

1083.83
---------

Full Name (Last, First, Middle Initial)

**C. Jeff Schuette**

Mailing Address 420 W. Edwards

City	State	Zip Code
Springfield	IL	62704

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35750**

Amount of Each Disbursement this Period

1300.21
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6656.54
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Christopher Shallow**

Mailing Address 8530 S. Michigan Avenue

City	State	Zip Code
Chicago	IL	60619

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35725**

Amount of Each Disbursement this Period

1972.25
---------

Full Name (Last, First, Middle Initial)

**B. Michelle Shui**

Mailing Address 1468 Holbrook Lane

City	State	Zip Code
Batavia	IL	60510

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35726**

Amount of Each Disbursement this Period

1083.83
---------

Full Name (Last, First, Middle Initial)

**C. Springhill Suites**

Mailing Address 43050 Weaver Road

City	State	Zip Code
Warrenville	IL	60555

Purpose of Disbursement  
C-Travel for meeting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		24		2014

**Transaction ID : SB30B.35616**

Amount of Each Disbursement this Period

165.39
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**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3056.08
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Justin Steele**

Mailing Address 2814 Iowa Drive

City	State	Zip Code
Fort Collins	CO	80525

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35687**

Amount of Each Disbursement this Period

1922.24
---------

Full Name (Last, First, Middle Initial)

**B. Hannah Stonebraker**

Mailing Address 920 Bluff Street

City	State	Zip Code
Glencoe	IL	60022

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35689**

Amount of Each Disbursement this Period

1112.95
---------

Full Name (Last, First, Middle Initial)

**C. Stephanie Sullivan**

Mailing Address 1832 N. 19th Street

City	State	Zip Code
Springfield	IL	62702

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35739**

Amount of Each Disbursement this Period

1300.21
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4335.40
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Terra Strategies, LLC**

Mailing Address 100 East Grand, Suite 380

City	State	Zip Code
Des Moines	IA	50309

Purpose of Disbursement  
Canvass-Schneider, Enyart, Bustos

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2014

**Transaction ID : SB30B.35634**

Amount of Each Disbursement this Period

299904.00
-----------

Full Name (Last, First, Middle Initial)

**B. The Strategy Group, Inc.**Mailing Address 1603 Orrington Avenue  
Suite 1730

City	State	Zip Code
Evanston	IL	60201

Purpose of Disbursement  
Enyart Production and postage

Candidate Name

**ENYART FOR CONGRESS**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: IL District: 12

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2014

**Transaction ID : SB30B.35607**

Amount of Each Disbursement this Period

66854.20
----------

Full Name (Last, First, Middle Initial)

**C. The Strategy Group, Inc.**Mailing Address 1603 Orrington Avenue  
Suite 1730

City	State	Zip Code
Evanston	IL	60201

Purpose of Disbursement  
Printing and Production-Enyart

Candidate Name

**ENYART FOR CONGRESS**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: IL District: 12

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		14		2014

**Transaction ID : SB30B.35766**

Amount of Each Disbursement this Period

75628.25
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

442386.45

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. The Strategy Group, Inc.**Mailing Address 1603 Orrington Avenue  
Suite 1730

City Evanston State IL Zip Code 60201

Purpose of Disbursement  
Printing and production

Candidate Name

**ENYART FOR CONGRESS**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		14		2014

**Transaction ID : SB30B.35769**

Amount of Each Disbursement this Period

25237.75
----------

Full Name (Last, First, Middle Initial)

**B. Thinkstock**

Mailing Address P.O. Box 953604

City St. Louis State MO Zip Code 63195

Purpose of Disbursement  
C-stock photo image

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

**Transaction ID : SB30B.35615**

Amount of Each Disbursement this Period

222.58
--------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. James Tinsley**

Mailing Address 1304 W. Beardsley

City Urbana State IL Zip Code 61801

Purpose of Disbursement  
Wages

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35711**

Amount of Each Disbursement this Period

1083.84
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

26321.59
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Blaine Tisdale**

Mailing Address 1110 Ravinia Court

City	State	Zip Code
Shorewood	IL	60404

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35697**

Amount of Each Disbursement this Period

1083.84
---------

Full Name (Last, First, Middle Initial)

**B. Ryan Vickers**

Mailing Address 207 Laurel Drive

City	State	Zip Code
Fairview Heights	IL	62208

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35698**

Amount of Each Disbursement this Period

1080.85
---------

Full Name (Last, First, Middle Initial)

**C. Edward Visel**

Mailing Address 1835 Bay Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35727**

Amount of Each Disbursement this Period

1503.84
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3668.53

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Ryan Winter**

Mailing Address 1769 Lucky Debonair Court

City	State	Zip Code
Wheaton	IL	60189

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35712**

Amount of Each Disbursement this Period

1770.78
---------

Full Name (Last, First, Middle Initial)

**B. Alyssa Zavislak**

Mailing Address 1551 S. Lloyd

City	State	Zip Code
Lombard	IL	60148

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35662**

Amount of Each Disbursement this Period

1413.48
---------

Full Name (Last, First, Middle Initial)

**C. Julian Zito**

Mailing Address 400 W. College Apt 1

City	State	Zip Code
Carbondale	IL	62901

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

**Transaction ID : SB30B.35699**

Amount of Each Disbursement this Period

1142.08
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4326.34

857038.93

**SCHEDULE H2 (FEC Form 3X)****ALLOCATION RATIOS**

PAGE 67 OF 132

NAME OF COMMITTEE (In Full)  
DEMOCRATIC PARTY OF ILLINOIS**RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT  
ACTIVITIES APPEARING ON THIS REPORT.**

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER 09-23-14 Fall Event (09/23/2014) ACTIVITY IS: <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input checked="" type="checkbox"/> Same as Previously Reported <b>Transaction ID : H2.36858</b>	FEDERAL % <div>21.00 %</div>	NONFEDERAL % <div>79.00 %</div>
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div></div>	NONFEDERAL % <div></div>
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div></div>	NONFEDERAL % <div></div>
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div></div>	NONFEDERAL % <div></div>
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div></div>	NONFEDERAL % <div></div>
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div></div>	NONFEDERAL % <div></div>

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 68 OF 132

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)  
 DEMOCRATIC PARTY OF ILLINOIS

NAME OF ACCOUNT  
 DEMOCRATIC PARTY OF ILLINOIS

DATE OF RECEIPT

M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2014

TOTAL AMOUNT TRANSFERRED

30713.68

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

30713.68

Transaction ID : H3.36149

ii) Generic Voter Drive .....

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Fundraising .....

v) Direct Candidate Support (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Candidate Support.....

vi) Public Communications Referring Only to Party (Made by PAC) .....

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

30713.68

TOTAL This Period (Generic Voter Drive) .....

0.00

TOTAL This Period (Exempt Activities) .....

0.00

TOTAL This Period (Direct Fundraising) .....

0.00

TOTAL This Period (Direct Candidate Support) .....

0.00

TOTAL This Period (Public Communications Referring Only to Party) .....

0.00

TOTAL This Period (Total Amount Transferred).....

30713.68

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 69 OF 132

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Palmer House Hilton</b>			<b>Transaction ID : H4.35629</b>			Allocated Activity or Event:		
Mailing Address 17 East Monroe Street						<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
City	State	Zip Code				Allocated Activity or Event Year-To-Date		
Chicago	IL	60603				205737.08		
Purpose of Disbursement: D-Lodging for meeting						Date		
Activity or Event Identifier: <b>Administrative</b>			Category/ Type			M M / D D / Y Y Y Y Y Y 07 / 24 / 2014		
[MEMO ITEM]								
FEDERAL SHARE			+	NONFEDERAL SHARE		=	TOTAL AMOUNT	
53.42				200.96			254.38	

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Lake and Wells Parking</b>			<b>Transaction ID : H4.35630</b>			Allocated Activity or Event:		
Mailing Address 177 N. Wells						<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
City	State	Zip Code				Allocated Activity or Event Year-To-Date		
Chicago	IL	60601				225955.90		
Purpose of Disbursement: D-Parking						Date		
Activity or Event Identifier: Administrative			Category/ Type			M M / D D / Y Y Y Y Y Y 07 / 30 / 2014		
[MEMO ITEM]								
FEDERAL SHARE			+	NONFEDERAL SHARE		=	TOTAL AMOUNT	
3.36				12.64			16.00	

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Potbelly</b>			<b>Transaction ID : H4.35625</b>			Allocated Activity or Event:		
Mailing Address 508 N. Clark Street						<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
City	State	Zip Code				Allocated Activity or Event Year-To-Date		
Chicago	IL	60654				284203.09		
Purpose of Disbursement: D-Lunch meeting						Date		
Activity or Event Identifier: Administrative			Category/ Type			M M / D D / Y Y Y Y Y Y 08 / 22 / 2014		
[MEMO ITEM]								
FEDERAL SHARE			+	NONFEDERAL SHARE		=	TOTAL AMOUNT	
2.60				9.78			12.38	

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page



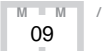





FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

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FOR LINE 21a OF FORM 3X

DEMOCRATIC PARTY OF ILLINOIS

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Master Valet Parking</b>			<b>Transaction ID : H4.35594</b>			<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC			
Mailing Address    7659 W. Sunset Drive									
City Elmwood Park		State IL		Zip Code 60707					
Purpose of Disbursement: A-Parking for fundraiser						Allocated Activity or Event Year-To-Date 			
Activity or Event Identifier: Administrative						Date  /  / 			
<b>[MEMO ITEM]</b>									
FEDERAL SHARE		+		NONFEDERAL SHARE		=		TOTAL AMOUNT	
									

The diagram illustrates the addition of two monetary values. It consists of three rectangular boxes, each with a ruler-like scale at the top and a numerical display at the bottom. The first box is labeled 'FEDERAL SHARE' and shows '0.00'. To its right is a plus sign '+'. The second box is labeled 'NONFEDERAL SHARE' and also shows '0.00'. To its right is an equals sign '='. The third box is labeled 'TOTAL AMOUNT' and shows '0.00'. This visualizes the equation: 0.00 + 0.00 = 0.00.

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Tim Mapes</b>			<b>Transaction ID : H4.35592</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 632 Old Tippercanoe						Allocated Activity or Event Year-To-Date 373553.97		
City Springfield	State IL	Zip Code 62707				Date <input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>		
Purpose of Disbursement: Mileage reimbursement			<input type="text"/>					
Activity or Event Identifier: <b>Administrative</b>			Category/ Type					
FEDERAL SHARE			+			NONFEDERAL SHARE		
<input type="text" value="47.88"/>						<input type="text" value="180.12"/>		
			=			TOTAL AMOUNT		
<input type="text" value="228.00"/>								

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Tim Mapes</b>			<b>Transaction ID : H4.35593</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 632 Old Tippercanoe						Allocated Activity or Event Year-To-Date 373575.97		
City Springfield	State IL	Zip Code 62707				Date <input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>		
Purpose of Disbursement: Reimbursements-A			<input type="text"/>					
Activity or Event Identifier: Administrative			Category/ Type					
FEDERAL SHARE			+			NONFEDERAL SHARE		
<input type="text" value="4.62"/>						<input type="text" value="17.38"/>		
			=			TOTAL AMOUNT		
<input type="text" value="22.00"/>								

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Powerplay Properties</b>			<b>Transaction ID : H4.35596</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1201 Veterans Parkway						Allocated Activity or Event Year-To-Date 373854.53		
City Springfield	State IL	Zip Code 62707				Date <input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>		
Purpose of Disbursement: Rent			<input type="text"/>					
Activity or Event Identifier: Administrative			Category/ Type					
FEDERAL SHARE			+			NONFEDERAL SHARE		
<input type="text" value="58.50"/>						<input type="text" value="220.06"/>		
			=			TOTAL AMOUNT		
<input type="text" value="278.56"/>								

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="111.00"/>		<input type="text" value="417.56"/>		<input type="text" value="528.56"/>

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
<input type="text"/>		<input type="text"/>		<input type="text"/>

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Kenny and Kenny, P.C.</b>		<b>Transaction ID : H4.35597</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1400 W. 47th Street					
City La Grange	State IL	Zip Code 60525			
Purpose of Disbursement: Bookkeeping services				Allocated Activity or Event Year-To-Date 374869.53	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		Date 10 / 01 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
213.15			801.85		1015.00

<b>B. Full Name (Last, First, Middle Initial)</b> <b>ADP</b>		<b>Transaction ID : H4.35609</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address P.O. Box 842854					
City Boston	State MA	Zip Code 02284			
Purpose of Disbursement: Payroll fee				Allocated Activity or Event Year-To-Date 375187.95	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 03 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
66.87			251.55		318.42

<b>C. Full Name (Last, First, Middle Initial)</b> <b>ATT-Carol Stream</b>		<b>Transaction ID : H4.35610</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address P.O. Box 5080					
City Carol Stream	State IL	Zip Code 60197			
Purpose of Disbursement: Telephone				Allocated Activity or Event Year-To-Date 376061.23	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 04 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
183.39			689.89		873.28

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
463.41		1743.29		2206.70

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT



**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 73 OF 132

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>CDW Direct</b>		<b>Transaction ID : H4.35631</b>		Allocated Activity or Event:	
Mailing Address 200 North Milwaukee				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City Vernon Hills	State IL	Zip Code 60061		Allocated Activity or Event Year-To-Date	
Purpose of Disbursement: Printers				383027.56	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		Date	
				M M / D D / Y Y Y Y Y Y 10 / 06 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1462.93			5503.40		6966.33

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Citi Cards</b>		<b>Transaction ID : H4.35624</b>		Allocated Activity or Event:	
Mailing Address Processing Center P.O. Box 688901				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City Des Moines	State IA	Zip Code 50363		Allocated Activity or Event Year-To-Date	
Purpose of Disbursement: SEE CREDIT CARD BREAKDOWN-D				383539.63	
Activity or Event Identifier: Administrative		Category/ Type		Date	
				M M / D D / Y Y Y Y Y Y 10 / 07 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
107.53			404.54		512.07

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Emily Wurth</b>		<b>Transaction ID : H4.35659</b>		Allocated Activity or Event:	
Mailing Address 2267 Boysenberry Lane				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City Springfield	State IL	Zip Code 62711		Allocated Activity or Event Year-To-Date	
Purpose of Disbursement: Insurance spent <25% on FEA				383891.77	
Activity or Event Identifier: Administrative		Category/ Type		Date	
				M M / D D / Y Y Y Y Y Y 10 / 10 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
73.95			278.19		352.14

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1644.41		6186.13		7830.54

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 74 OF 132

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Sarah Nelson</b>		<b>Transaction ID : H4.35730</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 655 W. Irving Park Road Apt. 5015				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Chicago	State IL	Zip Code 60613		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Wages spent < 25% on FEA				Allocated Activity or Event Year-To-Date 385386.84	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		Date <input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
313.96			1181.11		1495.07

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Tim Mapes</b>		<b>Transaction ID : H4.35741</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 632 Old Tippercanoe				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Springfield	State IL	Zip Code 62707		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Wages spent < 25% on FEA				Allocated Activity or Event Year-To-Date 391901.72	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1368.12			5146.76		6514.88

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Kathy Murray</b>		<b>Transaction ID : H4.35742</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 500 Wingate Drive				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Sherman	State IL	Zip Code 62684		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Wages spent < 25% on FEA				Allocated Activity or Event Year-To-Date 393630.59	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
363.06			1365.81		1728.87

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2045.14		7693.68		9738.82

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Emily Wurth</b>		<b>Transaction ID : H4.35752</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2267 Boysenberry Lane					
City Springfield	State IL	Zip Code 62711			
Purpose of Disbursement: Wages spent < 25% on FEA				Allocated Activity or Event Year-To-Date 396611.93	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		Date 10 / 10 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
626.08			2355.26		2981.34

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Internal Revenue Service</b>		<b>Transaction ID : H4.36224</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Department of the Treasury					
City Kansas City	State MO	Zip Code 64999			
Purpose of Disbursement: Payroll taxes spent < 25% on FEA				Allocated Activity or Event Year-To-Date 397552.67	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 10 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
197.56			743.18		940.74

<b>C. Full Name (Last, First, Middle Initial)</b> <b>ATT-Carol Stream</b>		<b>Transaction ID : H4.35753</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address P.O. Box 5080					
City Carol Stream	State IL	Zip Code 60197			
Purpose of Disbursement: Telephone				Allocated Activity or Event Year-To-Date 397833.51	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 11 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
58.98			221.86		280.84

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
882.62		3320.30		4202.92

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 76 OF 132

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Perkins Coie</b>		<b>Transaction ID : H4.35754</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 607 Fourteenth Street N.W.					
City Washington	State DC	Zip Code 20005			
Purpose of Disbursement: Legal				Allocated Activity or Event Year-To-Date 413620.51	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		Date 10 / 11 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
3315.27			12471.73		15787.00

<b>B. Full Name (Last, First, Middle Initial)</b> <b>ATT-Carol Stream</b>		<b>Transaction ID : H4.35755</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address P.O. Box 5080					
City Carol Stream	State IL	Zip Code 60197			
Purpose of Disbursement: Telephone				Allocated Activity or Event Year-To-Date 413665.51	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 11 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
9.45			35.55		45.00

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Sheraton Chicago Hotel and Towers</b>		<b>Transaction ID : H4.35762</b>		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 301 East North Water Street					
City Chicago	State IL	Zip Code 60611			
Purpose of Disbursement: Hall for fundraiser				Allocated Activity or Event Year-To-Date 194395.01	
Activity or Event Identifier: 09-23-14 Fall Event(09/23/2014)		Category/ Type		Date 10 / 14 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
7528.26			28320.60		35848.86

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10852.98		40827.88		51680.86

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
15999.56		60188.84		76188.40

**SCHEDULE H5 (FEC Form 3X)****TRANSFERS OF LEVIN FUNDS RECEIVED FOR  
ALLOCATED FEDERAL ELECTION ACTIVITY****(To be used by State, District and Local Party Committees Only)**PAGE 77 OF 132  
FOR LINE 18b OF FORM 3XNAME OF COMMITTEE (In Full)  
DEMOCRATIC PARTY OF ILLINOISNAME OF ACCOUNT  
Democratic Party of IL Non Federal

DATE OF RECEIPT

M M / D D / Y Y Y Y Y Y  
10 / 01 / 2014

TOTAL AMOUNT TRANSFERRED

782902.46

## BREAKDOWN OF THIS TRANSFER

Transaction ID : H5.35802

i) **Voter Registration**

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

0.00

ii) **Voter ID**

VOTER ID

Total Amount Transferred for Voter ID .....

0.00

iii) **GOTV**

GOTV

Total Amount Transferred for GOTV .....

0.00

iv) **Generic Campaign Activity**

GENERIC CAMPAIGN ACTIVITY

Total Amount Transferred for Generic Campaign Activity .....

782902.46

NAME OF ACCOUNT

DATE OF RECEIPT

M M / D D / Y Y Y Y Y Y

TOTAL AMOUNT TRANSFERRED

## BREAKDOWN OF THIS TRANSFER

i) **Voter Registration**

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

ii) **Voter ID**

VOTER ID

Total Amount Transferred for Voter ID .....

iii) **GOTV**

GOTV

Total Amount Transferred for GOTV .....

iv) **Generic Campaign Activity**

GENERIC CAMPAIGN ACTIVITY

Total Amount Transferred for Generic Campaign Activity .....

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)**

TOTAL This Period (Voter Registration).....

0.00

TOTAL This Period (Voter ID) .....

0.00

TOTAL This Period (GOTV).....

0.00

TOTAL This Period (Generic Campaign Activity).....

782902.46

TOTAL This Period (Total Amount of Transfers Received).....

782902.46

**SCHEDULE H6 (FEC Form 3X)**  
**DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS**  
**FOR ALLOCATED FEDERAL ELECTION ACTIVITY**  
 (To be used by State, District and Local Party Committees Only)

PAGE 78 OF 132

FOR LINE 30a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

A. Full Name (Last, First, Middle Initial) / Full Organization Name

US Postmaster-Edwardsville

Transaction ID : H6.35600

Mailing Address 132 N. Kansas

City	State	Zip Code
Edwardsville	IL	62025

Purpose of Disbursement  
PostageCategory/  
Type

Type of Allocated Activity or Event:

☐ Voter Registration  
☐ Voter ID  
☒ GOTV  
☒ Generic Campaign

Allocated Activity or Event Year-To-Date

992605.77

Date

M M M	/	D D D	/	Y Y Y Y Y
10	/	02	/	2014

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

315.00

1185.00

1500.00

B. Full Name (Last, First, Middle Initial) / Full Organization Name

US Postmaster-Rock Island

Transaction ID : H6.35601

Mailing Address 2633 11th Street

City	State	Zip Code
Rock Island	IL	61201

Purpose of Disbursement  
PostageCategory/  
Type

Type of Allocated Activity or Event:

☐ Voter Registration  
☐ Voter ID  
☒ GOTV  
☒ Generic Campaign

Allocated Activity or Event Year-To-Date

994105.77

Date

M M M	/	D D D	/	Y Y Y Y Y
10	/	02	/	2014

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

315.00

1185.00

1500.00

C. Full Name (Last, First, Middle Initial) / Full Organization Name

US Postmaster-Belleville

Transaction ID : H6.35633

Mailing Address 120 W. Washington Street

City	State	Zip Code
Belleville	IL	62220

Purpose of Disbursement  
PostageCategory/  
Type

Type of Allocated Activity or Event:

☐ Voter Registration  
☐ Voter ID  
☒ GOTV  
☒ Generic Campaign

Allocated Activity or Event Year-To-Date

996105.77

Date

M M M	/	D D D	/	Y Y Y Y Y
10	/	07	/	2014

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

420.00

1580.00

2000.00

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

1050.00

3950.00

5000.00

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE

TOTAL AMOUNT

LEVIN SHARE

TOTAL This Period for the Levin Share

**SCHEDULE H6 (FEC Form 3X)**  
**DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS**  
**FOR ALLOCATED FEDERAL ELECTION ACTIVITY**  
 (To be used by State, District and Local Party Committees Only)

PAGE 79 OF 132

FOR LINE 30a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

A. Full Name (Last, First, Middle Initial) / Full Organization Name

US Postmaster-Champaign

Transaction ID : H6.35636

Mailing Address 2001 N. Mattis Avenue

City	State	Zip Code
Champaign	IL	61821

Purpose of Disbursement  
PostageCategory/  
Type

Type of Allocated Activity or Event:

☐ Voter Registration☐ Voter ID

GOTV

☒ Generic Campaign

Allocated Activity or Event Year-To-Date

996505.77

Date

M M M / D D D / Y Y Y Y Y Y  
10 / 08 / 2014

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

84.00

316.00

400.00

B. Full Name (Last, First, Middle Initial) / Full Organization Name

US Postmaster-Edwardsville

Transaction ID : H6.35637

Mailing Address 132 N. Kansas

City	State	Zip Code
Edwardsville	IL	62025

Purpose of Disbursement  
PostageCategory/  
Type

Type of Allocated Activity or Event:

☐ Voter Registration☐ Voter ID

GOTV

☒ Generic Campaign

Allocated Activity or Event Year-To-Date

997105.77

Date

M M M / D D D / Y Y Y Y Y Y  
10 / 08 / 2014

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

126.00

474.00

600.00

C. Full Name (Last, First, Middle Initial) / Full Organization Name

US Postmaster-Peoria

Transaction ID : H6.35638

Mailing Address 95 State Street

City	State	Zip Code
Peoria	IL	61601

Purpose of Disbursement  
PostageCategory/  
Type

Type of Allocated Activity or Event:

☐ Voter Registration☐ Voter ID

GOTV

☒ Generic Campaign

Allocated Activity or Event Year-To-Date

997605.77

Date

M M M / D D D / Y Y Y Y Y Y  
10 / 08 / 2014

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

105.00

395.00

500.00

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

315.00

1185.00

1500.00

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE

TOTAL AMOUNT

LEVIN SHARE

TOTAL This Period for the Levin Share

**SCHEDULE H6 (FEC Form 3X)**  
**DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS**  
**FOR ALLOCATED FEDERAL ELECTION ACTIVITY**  
 (To be used by State, District and Local Party Committees Only)

PAGE 80 OF 132  
 FOR LINE 30a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

A. Full Name (Last, First, Middle Initial) / Full Organization Name

US Postmaster-Rockford

Transaction ID : H6.35639

Mailing Address 5225 Harrison Avenue

City	State	Zip Code
Rockford	IL	61125

Purpose of Disbursement
Postage

Category/ Type

Type of Allocated Activity or Event:

<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
<input type="checkbox"/> Voter ID	<input checked="" type="checkbox"/> Generic Campaign

Allocated Activity or Event Year-To-Date

998355.77

Date

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2014

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

157.50

592.50

750.00

B. Full Name (Last, First, Middle Initial) / Full Organization Name

US Postmaster-Rock Island

Transaction ID : H6.36222

Mailing Address 2633 11th Street

City	State	Zip Code
Rock Island	IL	61201

Purpose of Disbursement
Postage

Category/ Type

Type of Allocated Activity or Event:

<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
<input type="checkbox"/> Voter ID	<input checked="" type="checkbox"/> Generic Campaign

Allocated Activity or Event Year-To-Date

1000355.77

Date

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2014

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

420.00

1580.00

2000.00

C. Full Name (Last, First, Middle Initial) / Full Organization Name

The Strategy Group, Inc.

Transaction ID : H6.35643

Mailing Address 1603 Orrington Avenue  
Suite 1730

City	State	Zip Code
Evanston	IL	60201

Purpose of Disbursement
Vote by mail - printing and production

Category/ Type

Type of Allocated Activity or Event:

<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
<input type="checkbox"/> Voter ID	<input checked="" type="checkbox"/> Generic Campaign

Allocated Activity or Event Year-To-Date

1466206.88

Date

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2014

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

97828.73

368022.38

465851.11

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

98406.23

370194.88

468601.11

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE

TOTAL AMOUNT

TOTAL This Period for the Levin Share

LEVIN SHARE



**SCHEDULE H6 (FEC Form 3X)**  
**DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS**  
**FOR ALLOCATED FEDERAL ELECTION ACTIVITY**  
 (To be used by State, District and Local Party Committees Only)

PAGE 81 OF 132

FOR LINE 30a OF FORM 3X

NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

A. Full Name (Last, First, Middle Initial) / Full Organization Name

US Postmaster-East St. Louis

Transaction ID : H6.35757

Mailing Address 950 Missouri Avenue

City	State	Zip Code
East St. Louis	IL	62201

Purpose of Disbursement  
PostageCategory/  
Type

Type of Allocated Activity or Event:

☐ Voter Registration  
☐ Voter ID  
☒ GOTV  
☒ Generic Campaign

Allocated Activity or Event Year-To-Date

1466806.88

Date

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2014

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

126.00

474.00

600.00

B. Full Name (Last, First, Middle Initial) / Full Organization Name

US Postmaster-Peoria

Transaction ID : H6.35758

Mailing Address 95 State Street

City	State	Zip Code
Peoria	IL	61601

Purpose of Disbursement  
PostageCategory/  
Type

Type of Allocated Activity or Event:

☐ Voter Registration  
☐ Voter ID  
☒ GOTV  
☒ Generic Campaign

Allocated Activity or Event Year-To-Date

1467306.88

Date

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2014

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

105.00

395.00

500.00

C. Full Name (Last, First, Middle Initial) / Full Organization Name

US Postmaster-Rockford

Transaction ID : H6.35759

Mailing Address 5225 Harrison Avenue

City	State	Zip Code
Rockford	IL	61125

Purpose of Disbursement  
PostageCategory/  
Type

Type of Allocated Activity or Event:

☐ Voter Registration  
☐ Voter ID  
☒ GOTV  
☒ Generic Campaign

Allocated Activity or Event Year-To-Date

1467806.88

Date

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2014

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

105.00

395.00

500.00

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

336.00

1264.00

1600.00

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE

100107.23

LEVIN SHARE

376593.88

TOTAL AMOUNT

476701.11

TOTAL This Period for the Levin Share

**SCHEDULE L (FEC Form 3X)****AGGREGATION PAGE: LEVIN FUNDS**

Transaction ID : SL35803

NAME OF COMMITTEE (In Full)  
DEMOCRATIC PARTY OF ILLINOIS

NAME OF ACCOUNT  
Democratic Party of IL Non Federal

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized ..... (Use Schedule L-A)	30000.00	30000.00
(b) Unitemized .....	0.00	0.00
(c) Total .....	30000.00	30000.00
2. OTHER RECEIPTS .....	907400.00	919850.00
3. TOTAL RECEIPTS ..... (Add Lines 1c and 2)	937400.00	949850.00
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration .....	0.00	0.00
(b) Voter ID .....	0.00	0.00
(c) GOTV .....	0.00	0.00
(d) Generic Campaign .....	782902.46	782902.46
(e) Total .....	782902.46	782902.46
5. OTHER DISBURSEMENTS .....	0.00	0.00
6. TOTAL DISBURSEMENTS ..... (Add Lines 4e and 5)	782902.46	782902.46
7. BEGINNING CASH ON HAND ..... (for Column B, use cash as of January 1st)	12450.00	0.00
8. RECEIPTS ..... (from Line 3)	937400.00	949850.00
9. SUBTOTAL ..... (Add Lines 7 and 8)	949850.00	949850.00
10. DISBURSEMENTS ..... (From Line 6)	782902.46	782902.46
11. ENDING CASH ON HAND ..... (Subtract Line 10 From Line 9)	166947.54	166947.54

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

 Use separate schedule(s)  
 for each category of the  
 Aggregation Page

PAGE 83 OF 132

 FOR LINE NUMBER:  
 (check only one)

☒ 1a

☐ 2

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Fred Eychaner**

Account : 18789

Mailing Address 1645 West Fullerton

 City State Zip Code  
 Chicago IL 60614

Name of Employer or Principal Place of Business

Best efforts

Occupation President

Date of Receipt

 M M / D D / Y Y Y Y Y  
 05 21 2014

Transaction ID : SASL1A.35846

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Leo A. Smith**

Account : 18789

Mailing Address 5348 N. Lakewood Avenue

 City State Zip Code  
 Chicago IL 60640-2209

Name of Employer or Principal Place of Business

Foundation Charter Prep

Occupation Teacher

Date of Receipt

 M M / D D / Y Y Y Y Y  
 05 18 2014

Transaction ID : SASL1A.35893

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Leo A. Smith**

Account : 18789

Mailing Address 5348 N. Lakewood Avenue

 City State Zip Code  
 Chicago IL 60640-2209

Name of Employer or Principal Place of Business

Foundation Charter Prep

Occupation Teacher

Date of Receipt

 M M / D D / Y Y Y Y Y  
 05 18 2014

Transaction ID : SASL1A.35895

Amount of Each Receipt this Period

-10000.00

Aggregate Year-to-Date

0.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Leo A. Smith**

Account : 18789

Mailing Address 5348 N. Lakewood Avenue

 City State Zip Code  
 Chicago IL 60640-2209

Name of Employer or Principal Place of Business

Foundation Charter Prep

Occupation Teacher

Date of Receipt

 M M / D D / Y Y Y Y Y  
 08 18 2014

Transaction ID : SASL1A.35896

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

20000.00

10000.00

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

 Use separate schedule(s)  
 for each category of the  
 Aggregation Page

PAGE 84 OF 132

 FOR LINE NUMBER:  
 (check only one)

☒ 1a

☐ 2

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Heather Stearns**

Account : 18789

Mailing Address 5348 N. Lakewood Avenue

City  
ChicagoState  
ILZip Code  
60640

Name of Employer or Principal Place of Business

IL General Assembly

Occupation State Senator

Date of Receipt

 M M / D D / Y Y Y Y Y  
 08 / 18 / 2014

Transaction ID : SASL1A.35894

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B.**

Account :

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

0.00

Aggregate Year-to-Date

0.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C.**

Account :

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

0.00

Aggregate Year-to-Date

0.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D.**

Account :

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

0.00

Aggregate Year-to-Date

0.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

10000.00

30000.00

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

 Use separate schedule(s)  
 for each category of the  
 Aggregation Page

PAGE 85 OF 132

 FOR LINE NUMBER:  
 (check only one)

☐ 1a

☒ 2

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. 1528 Partners, LP**

Account : 18789

Mailing Address 1541 N. Wells Street

 City  
 Chicago

 State  
 IL

 Zip Code  
 60610

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 03 / 06 / 2014

Transaction ID : SASL2.35822

Amount of Each Receipt this Period

3300.00

Aggregate Year-to-Date

3300.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Administrative District Council 1 of Illinois**

Account : 18789

Mailing Address 660 N. Industrial Drive

 City  
 Elmhurst

 State  
 IL

 Zip Code  
 60126

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 09 / 13 / 2014

Transaction ID : SASL2.36010

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Albert F. Hofeld, Ltd. Inc.**

Account : 18789

Mailing Address 30 North LaSalle Street

 City  
 Chicago

 State  
 IL

 Zip Code  
 60602

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 08 / 21 / 2014

Transaction ID : SASL2.35897

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Allen N. Schwartz, Ltd.**

Account : 18789

Mailing Address 60 West Randolph Street

 City  
 Chicago

 State  
 IL

 Zip Code  
 60601

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 09 / 19 / 2014

Transaction ID : SASL2.36074

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

24300.00

24300.00

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Alliance for Living, NFP**

Account : 18789

Mailing Address 1 Northfield Plaza

City

Northfield

State

IL

Zip Code

60093

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 03 / 06 / 2014

Transaction ID : SASL2.35824

Amount of Each Receipt this Period

3300.00

Aggregate Year-to-Date

3300.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Alliance for Living, NFP**

Account : 18789

Mailing Address 1 Northfield Plaza

City

Northfield

State

IL

Zip Code

60093

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 03 / 06 / 2014

Transaction ID : SASL2.35825

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Ameren Illinois**

Account : 18789

Mailing Address P.O. Box 66892

City

St. Louis

State

MO

Zip Code

63166

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2014

Transaction ID : SASL2.35899

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. American Council of IL Engineering Companies PAC**

Account : 18789

Mailing Address 5221 S. 6th Street

City

Springfield

State

IL

Zip Code

62703

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 08 / 14 / 2014

Transaction ID : SASL2.35860

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

15300.00

1000.00

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Anheuser-Bush Cos., Inc.**

Account : 18789

Mailing Address One Busch Place

 City State Zip Code  
 St. Louis MO 63118

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 07 30 2014

Transaction ID : SASL2.35859

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Arlington Park Race Course**

Account : 18789

Mailing Address 2200 West Euclid Avenue

 City State Zip Code  
 Arlington Heights IL 60006

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 06 2014

Transaction ID : SASL2.35958

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Associated Beer Distributors PAC**

Account : 18789

Mailing Address P.O. Box 396

 City State Zip Code  
 Springfield IL 62705

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 08 21 2014

Transaction ID : SASL2.35901

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Association Management Resources**

Account : 18789

Mailing Address 1151 East Warrenville Road

 City State Zip Code  
 Naperville IL 60563

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 02 2014

Transaction ID : SASL2.35952

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

40000.00

10000.00









**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Chicago Fire Fighters Union Local 2 PCF**

Account : 18789

Mailing Address 440 West 43rd Street

 City  
 Chicago

 State  
 IL

 Zip Code  
 60609

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 09 / 13 / 2014

Transaction ID : SASL2.36012

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Chicago Journeymen Plumbers 130 Pol. Fund**

Account : 18789

Mailing Address 1340 West Washington

 City  
 Chicago

 State  
 IL

 Zip Code  
 60607

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 09 / 09 / 2014

Transaction ID : SASL2.36000

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Chicagoland Apartment Association PAC**

Account : 18789

Mailing Address 557 W. Randolph

 City  
 Chicago

 State  
 IL

 Zip Code  
 60661

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 09 / 20 / 2014

Transaction ID : SASL2.36120

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Chicago Teachers Union PAC**

Account : 18789

Mailing Address 222 Merchandise Mart Plaza

 City  
 Chicago

 State  
 IL

 Zip Code  
 60654

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 09 / 20 / 2014

Transaction ID : SASL2.36119

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

21000.00

5000.00





**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Citizens for Lisa Madigan**

Account : 18789

Mailing Address 500 N. Dearborn, Suite 510

 City State Zip Code  
 Chicago IL 60654

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 08 27 2014

Transaction ID : SASL2.35931

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Citizens for Marcus C. Evans**

Account : 18789

Mailing Address 8539 S. Cottage Grove Avenue

 City State Zip Code  
 Chicago IL 60619

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 09 19 2014

Transaction ID : SASL2.36088

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Citizens for Maria A. Berrios**

Account : 18789

Mailing Address 33 N. LaSalle

 City State Zip Code  
 Chicago IL 60602

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 09 19 2014

Transaction ID : SASL2.36078

Amount of Each Receipt this Period

3000.00

Aggregate Year-to-Date

3000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Citizens for Maria Spyropoulos**

Account : 18789

Mailing Address 180 N. LaSalle

 City State Zip Code  
 Chicago IL 60601

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 08 14 2014

Transaction ID : SASL2.35889

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

19000.00

1000.00

**SCHEDULE L-A (FEC Form 3X)**  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Citizens for Susan Garrett**

Account : 18789

Mailing Address 1181 Melody Road

 City State Zip Code  
 Lake Forest IL 60045

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 08 21 2014

Transaction ID : SASL2.35911

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Civiltech Engineering, Inc.**

Account : 18789

Mailing Address 450 E. Devon Avenue

 City State Zip Code  
 Itasca IL 60143

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 08 14 2014

Transaction ID : SASL2.35866

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Comcast Financial Agency Corporation**

Account : 18789

Mailing Address 1701 JFK Boulevard

 City State Zip Code  
 Philadelphia PA 19103

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 09 19 2014

Transaction ID : SASL2.36080

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Committee for Frank J. Mautino**

Account : 18789

Mailing Address P.O. Box 36

 City State Zip Code  
 Spring Valley IL 61362

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 09 19 2014

Transaction ID : SASL2.36094

Amount of Each Receipt this Period

3000.00

Aggregate Year-to-Date

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

19000.00

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Committee to Elect Robert J. Lovero**

Account : 18789

Mailing Address 6536 W. Cermak

City  
BerwynState  
ILZip Code  
60402

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 09 / 20 / 2014

Transaction ID : SASL2.36131

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Committee to Re-elect Chuck Jefferson**

Account : 18789

Mailing Address 1731 Montague Street

City  
RockfordState  
ILZip Code  
61102

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 01 / 21 / 2014

Transaction ID : SASL2.35811

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Commonwealth Edison**

Account : 18789

Mailing Address 100 Constellation Way

City  
BaltimoreState  
MDZip Code  
21202

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 09 / 09 / 2014

Transaction ID : SASL2.36002

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Community Banc PAc**

Account : 18789

Mailing Address 901 Community Drive

City  
SpringfieldState  
ILZip Code  
62703

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 09 / 06 / 2014

Transaction ID : SASL2.35960

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

14500.00

14500.00



**SCHEDULE L-A (FEC Form 3X)**  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Construction & General Laborers Dist. Council PAEL**

Account : 18789

Mailing Address 999 McClintock Drive

City Burr Ridge State IL Zip Code 60527

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 09 / 17 / 2014

Transaction ID : SASL2.36057

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Cook County College Teachers Union - COPE**

Account : 18789

Mailing Address 208 West Kinzie

City Chicago State IL Zip Code 60610

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 09 / 06 / 2014

Transaction ID : SASL2.35962

Amount of Each Receipt this Period

3000.00

Aggregate Year-to-Date

3000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Cooney & Conway**

Account : 18789

Mailing Address 120 N. LaSalle Street

City Chicago State IL Zip Code 60602

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 09 / 14 / 2014

Transaction ID : SASL2.36035

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Credit Union Political Action Council**

Account : 18789

Mailing Address 1807 Diehl Road

City Naperville State IL Zip Code 60566

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 02 / 28 / 2014

Transaction ID : SASL2.35820

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

28000.00

28000.00

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Credit Union Political Action Council**

Account : 18789

Mailing Address 1807 Diehl Road

 City  
 Naperville

 State  
 IL

 Zip Code  
 60566

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2014

Transaction ID : SASL2.35906

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Crowe Horwarth, LLP**

Account : 18789

Mailing Address 320 East Jefferson Boulevard

 City  
 South Bend

 State  
 IL

 Zip Code  
 46624

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 08 / 14 / 2014

Transaction ID : SASL2.35870

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Cullen, Inc.**

Account : 18789

Mailing Address 409 Jackson Parkway

 City  
 Springfield

 State  
 IL

 Zip Code  
 62704

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2014

Transaction ID : SASL2.35839

Amount of Each Receipt this Period

3000.00

Aggregate Year-to-Date

3000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Currie for State Representative**

Account : 18789

Mailing Address P.O. Box 377649

 City  
 Chicago

 State  
 IL

 Zip Code  
 60637

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 / 19 / 2014

Transaction ID : SASL2.36084

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

19000.00

19000.00

**SCHEDULE L-A (FEC Form 3X)**  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. DENT IL PAC**

Account : 18789

Mailing Address 1010 South Second Street

City  
SpringfieldState  
ILZip Code  
62705

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 21 / 2014

Transaction ID : SASL2.35907

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Development Specialists, Inc.**

Account : 18789

Mailing Address 70 West Madison

City  
ChicagoState  
ILZip Code  
60602

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 20 / 2014

Transaction ID : SASL2.36124

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Dykema Gossett**

Account : 18789

Mailing Address 400 Renaissance Center

City  
DetroitState  
MIZip Code  
48243

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 14 / 2014

Transaction ID : SASL2.35872

Amount of Each Receipt this Period

3000.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Dynegy Administrative Services**

Account : 18789

Mailing Address 601 Travis, Suite 1400

City  
HoustonState  
TXZip Code  
77002

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 20 / 2014

Transaction ID : SASL2.35807

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

23000.00

**SCHEDULE L-A (FEC Form 3X)**  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Federation of Independent Illinois Colleges & Univ.**

Account : 18789

Mailing Address 1123 South 2nd Street

 City  
 Springfield

 State  
 IL

 Zip Code  
 62704

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 08 / 29 / 2014

Transaction ID : SASL2.35934

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Fletcher, O'Brien, Kasper & Nottage, PC**

Account : 18789

Mailing Address 222 North LaSalle

 City  
 Chicago

 State  
 IL

 Zip Code  
 60601

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 09 / 13 / 2014

Transaction ID : SASL2.36014

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Freeborn & Peters**

Account : 18789

Mailing Address 311 S. Wacker Drive

 City  
 Chicago

 State  
 IL

 Zip Code  
 60606

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 08 / 14 / 2014

Transaction ID : SASL2.35874

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

2500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Freedman Anselmo Lindberg, LLC**

Account : 18789

Mailing Address 1807 W. Diehl Road

 City  
 Naperville

 State  
 IL

 Zip Code  
 60566

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 09 / 20 / 2014

Transaction ID : SASL2.36126

Amount of Each Receipt this Period

2000.00

Aggregate Year-to-Date

2000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

10500.00

10500.00

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Friedman Properties, Ltd.**

Account : 18789

Mailing Address 350 N. Clark

 City State Zip Code  
 Chicago IL 60654

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 08 21 2014

Transaction ID : SASL2.35909

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Friends for Monique Davis**

Account : 18789

Mailing Address P.O. Box 43637

 City State Zip Code  
 Chicago IL 60643

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 09 20 2014

Transaction ID : SASL2.36122

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Friends for Verschoore**

Account : 18789

Mailing Address 4600 46th

 City State Zip Code  
 Rock Island IL 61201

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 09 19 2014

Transaction ID : SASL2.36105

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Friends of Ann M. Williams**

Account : 18789

Mailing Address 4064 N. Lincoln Avenue

 City State Zip Code  
 Chicago IL 60618

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 09 19 2014

Transaction ID : SASL2.36109

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

22000.00

**SCHEDULE L-A (FEC Form 3X)**  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Friends of Emily Klunk-McAsey**

Account : 18789

Mailing Address 920 S. State Street

 City State Zip Code  
 Lockport IL 60441

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 17 2014

Transaction ID : SASL2.36065

Amount of Each Receipt this Period

6000.00

Aggregate Year-to-Date

6000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Friends of Frank Zuccarelli**

Account : 18789

Mailing Address P.O. Box 115

 City State Zip Code  
 South Holland IL 60473

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 02 06 2014

Transaction ID : SASL2.35815

Amount of Each Receipt this Period

8900.00

Aggregate Year-to-Date

8900.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Friends of Frank Zuccarelli**

Account : 18789

Mailing Address P.O. Box 115

 City State Zip Code  
 South Holland IL 60473

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 02 06 2014

Transaction ID : SASL2.35816

Amount of Each Receipt this Period

-400.00

Aggregate Year-to-Date

-400.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Friends of Frerichs**

Account : 18789

Mailing Address 45 E. University

 City State Zip Code  
 Champaign IL 61820

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 08 18 2014

Transaction ID : SASL2.35891

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

24500.00

24500.00



**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Friends of Luis Arroyo**

Account : 18789

Mailing Address P.O. Box 47354

 City  
 Chicago

 State  
 IL

 Zip Code  
 60647

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2014

Transaction ID : SASL2.36053

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Friends of Mary E. Flowers**

Account : 18789

Mailing Address 7712 S. Paulina

 City  
 Chicago

 State  
 IL

 Zip Code  
 60620

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2014

Transaction ID : SASL2.36060

Amount of Each Receipt this Period

3000.00

Aggregate Year-to-Date

3000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Friends of Robert 'Bob' Rita**

Account : 18789

Mailing Address 2030 High Street

 City  
 Blue Island

 State  
 IL

 Zip Code  
 60406

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 / 19 / 2014

Transaction ID : SASL2.36098

Amount of Each Receipt this Period

6000.00

Aggregate Year-to-Date

6000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Friends of Robert Martwick**

Account : 18789

Mailing Address P.O. Box 64298

 City  
 Chicago

 State  
 IL

 Zip Code  
 60664

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 / 19 / 2014

Transaction ID : SASL2.36092

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

29000.00

29000.00



**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Friends of Tabares**

Account : 18789

Mailing Address 7027 W. Archer Avenue

 City State Zip Code  
 Chicago IL 60638

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 19 2014

Transaction ID : SASL2.36101

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Friends to Elect Kathleen Willis**

Account : 18789

Mailing Address 611 Holly Court

 City State Zip Code  
 Addison IL 60101

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 19 2014

Transaction ID : SASL2.36111

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Globetrotters Engineering Corporation**

Account : 18789

Mailing Address 300 South Wacker Drive

 City State Zip Code  
 Chicago IL 60606

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 08 21 2014

Transaction ID : SASL2.35913

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Good Government Council**

Account : 18789

Mailing Address 241 North Fifth Street

 City State Zip Code  
 Springfield IL 62701

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 08 29 2014

Transaction ID : SASL2.35936

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

16000.00

1000.00

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Gori, Julian & Associates**

Account : 18789

Mailing Address 156 N. Main Street

City  
EdwardsvilleState  
ILZip Code  
62025

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 / 14 / 2014

Transaction ID : SASL2.36040

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Health Care Service Corporation Employees PAC**

Account : 18789

Mailing Address 300 East Randolph

City  
ChicagoState  
ILZip Code  
60601

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 07 / 07 / 2014

Transaction ID : SASL2.35851

Amount of Each Receipt this Period

5300.00

Aggregate Year-to-Date

5300.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Heat & Frost Local 17 PAC**

Account : 18789

Mailing Address 18520 Spring Creek Drive

City  
Tinley ParkState  
ILZip Code  
60477

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 / 06 / 2014

Transaction ID : SASL2.35964

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Houlihan Campaign Fund**

Account : 18789

Mailing Address 2409 Country Club Drive

City  
SpringfieldState  
ILZip Code  
62704

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 / 16 / 2014

Transaction ID : SASL2.36048

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30300.00

30300.00

**SCHEDULE L-A (FEC Form 3X)**  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Howard Kenner Government Consulting**

Account : 18789

Mailing Address 727 East 60th Street

City  
ChicagoState  
ILZip Code  
60637

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 29 / 2014

Transaction ID : SASL2.35938

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Hurley McKenna & Mertz, PC**

Account : 18789

Mailing Address 33 N. Dearborn St. Ste 1430

City  
ChicagoState  
ILZip Code  
60602

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 19 / 2014

Transaction ID : SASL2.36091

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. IBEW LOCAL 364**

Account : 18789

Mailing Address 6820 Mill Road

City  
RockfordState  
ILZip Code  
61108

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 14 / 2014

Transaction ID : SASL2.35875

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. IBEW Local 701 PAC**

Account : 18789

Mailing Address 28600 Bella Vista Parkway

City  
WarrenvilleState  
ILZip Code  
60555

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 06 / 2014

Transaction ID : SASL2.35965

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

17000.00

**SCHEDULE L-A (FEC Form 3X)**  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. IBEW PAC VOLUNTARY FUND**

Account : 18789

Mailing Address 900 Seventh Street N.W.

City  
WashingtonState  
DCZip Code  
20001

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 / 20 / 2014

Transaction ID : SASL2.36128

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. ICAP-PAC**

Account : 18789

Mailing Address 303 East Wacker Drive

City  
ChicagoState  
ILZip Code  
60601

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 08 / 29 / 2014

Transaction ID : SASL2.35940

Amount of Each Receipt this Period

6500.00

Aggregate Year-to-Date

6500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Illinois American Water Company PAC**

Account : 18789

Mailing Address 100 N. Water Works Drive

City  
BellevilleState  
ILZip Code  
62223

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2014

Transaction ID : SASL2.35915

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Illinois Association of Fire Protection Districts Legislative PAC**

Account : 18789

Mailing Address 10 S. Addison Road

City  
AddisonState  
ILZip Code  
60101

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2014

Transaction ID : SASL2.35917

Amount of Each Receipt this Period

1500.00

Aggregate Year-to-Date

1500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

19000.00

19000.00

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Illinois CPA's for Political Action**

Account : 18789

Mailing Address 550 West Jackson

 City  
 Chicago

 State  
 IL

 Zip Code  
 60661

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 02 / 18 / 2014

Transaction ID : SASL2.35817

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Illinois CPA's for Political Action**

Account : 18789

Mailing Address 550 West Jackson

 City  
 Chicago

 State  
 IL

 Zip Code  
 60661

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 06 / 18 / 2014

Transaction ID : SASL2.35850

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Illinois Dermatology PAC**

Account : 18789

Mailing Address 10 W. Phillip Road

 City  
 Vernon Hills

 State  
 IL

 Zip Code  
 60061

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 09 / 13 / 2014

Transaction ID : SASL2.36016

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Illinois Harness Horsemen PAC**

Account : 18789

Mailing Address 15 Spinning Wheel Road

 City  
 Hinsdale

 State  
 IL

 Zip Code  
 60521

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 09 / 06 / 2014

Transaction ID : SASL2.35967

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

16000.00

1000.00

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Illinois Hospital Association PAC**

Account : 18789

Mailing Address 700 South Second Street

 City  
 Springfield

 State  
 IL

 Zip Code  
 62704

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 08 / 21 / 2014

Transaction ID : SASL2.35919

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Illinois Insurance Political Committee**

Account : 18789

Mailing Address 217 East Monroe Street

 City  
 Springfield

 State  
 IL

 Zip Code  
 62701

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 08 / 29 / 2014

Transaction ID : SASL2.35942

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Illinois Medical Eye PAC**

Account : 18789

Mailing Address 10 West Philip Road

 City  
 Vernon Hills

 State  
 IL

 Zip Code  
 60061

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 09 / 06 / 2014

Transaction ID : SASL2.35969

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

2500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Illinois Optometric Association PAC**

Account : 18789

Mailing Address 304 W. Washington Street

 City  
 Springfield

 State  
 IL

 Zip Code  
 62701

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 08 / 14 / 2014

Transaction ID : SASL2.35876

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

18500.00

10000.00

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Illinois Pipe Trades PAC**

Account : 18789

Mailing Address 534 S. 2nd Street

 City  
 Springfield

 State  
 IL

 Zip Code  
 62704

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 / 09 / 2014

Transaction ID : SASL2.36004

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Illinois Restaurateurs PAC**

Account : 18789

Mailing Address 33 W. Monroe Street

 City  
 Chicago

 State  
 IL

 Zip Code  
 60603

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 01 / 21 / 2014

Transaction ID : SASL2.35809

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Illinois Society for Advanced Practice Nursing PAC**

Account : 18789

Mailing Address P.O. Box 636

 City  
 Manteno

 State  
 IL

 Zip Code  
 60950

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 / 06 / 2014

Transaction ID : SASL2.35971

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

2500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Illinois Trial Lawyers Association PAC**

Account : 18789

Mailing Address 401 West Edwards Street

 City  
 Springfield

 State  
 IL

 Zip Code  
 62704

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 / 09 / 2014

Transaction ID : SASL2.36006

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

27500.00

27500.00

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Illinois Veterinary Medical PAC**

Account : 18789

Mailing Address 2722 North Vermilion

City Danville State IL Zip Code 61832

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 / 06 / 2014

Transaction ID : SASL2.35973

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. INA PAC**

Account : 18789

Mailing Address 107 West Cook Street

City Springfield State IL Zip Code 62704

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 08 / 29 / 2014

Transaction ID : SASL2.35944

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Ironworkers Local 1 PAL Fund**

Account : 18789

Mailing Address 7720 Industrial Drive

City Forest Park State IL Zip Code 60130

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 / 20 / 2014

Transaction ID : SASL2.36129

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Ironworkers Local 63 IPAL Fund**

Account : 18789

Mailing Address 2525 West Lexington

City Broadview State IL Zip Code 60153

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 08 / 14 / 2014

Transaction ID : SASL2.35877

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

4000.00

1000.00



**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. John C. Corrigan & Associates, LLC**

Account : 18789

Mailing Address 20 South Clark

City  
ChicagoState  
ILZip Code  
60603

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 08 / 14 / 2014

Transaction ID : SASL2.35868

Amount of Each Receipt this Period

1500.00

Aggregate Year-to-Date

1500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. JP Morgan Chase & Company PAC**

Account : 18789

Mailing Address 10 S. Dearborn

City  
ChicagoState  
ILZip Code  
60603

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 07 / 07 / 2014

Transaction ID : SASL2.35853

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

2500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Keefe & Keefe PC**

Account : 18789

Mailing Address 6 Executive Woods Court

City  
BellevilleState  
ILZip Code  
62226

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 09 / 14 / 2014

Transaction ID : SASL2.36042

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Knight Partners, LLC**

Account : 18789

Mailing Address 221 North LaSalle

City  
ChicagoState  
ILZip Code  
60601

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 09 / 16 / 2014

Transaction ID : SASL2.36050

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

24000.00

24000.00

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Kubasiak Fylstra Thorpe & Rutunno PC**

Account : 18789

Mailing Address 20 South Clark Street

 City  
 Chicago

 State  
 IL

 Zip Code  
 60603

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 09 / 06 / 2014

Transaction ID : SASL2.35975

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Laborers Local 2**

Account : 18789

Mailing Address 8842 W. Ogden Avenue

 City  
 Brookfield

 State  
 IL

 Zip Code  
 60513

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 09 / 06 / 2014

Transaction ID : SASL2.35977

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Law Offices of Terrence Kennedy**

Account : 18789

Mailing Address 180 N. LaSalle Street

 City  
 Chicago

 State  
 IL

 Zip Code  
 60601

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 08 / 21 / 2014

Transaction ID : SASL2.35922

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. M. Werner Consulting**

Account : 18789

Mailing Address 282 S. Cass Street

 City  
 Virginia

 State  
 IL

 Zip Code  
 62691

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 08 / 21 / 2014

Transaction ID : SASL2.35925

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

12000.00

1000.00

**SCHEDULE L-A (FEC Form 3X)**  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Markoff Law, LLC**

Account : 18789

Mailing Address 29 N. Wacker Drive

 City State Zip Code  
 Chicago IL 60606

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 20 2014

Transaction ID : SASL2.36133

Amount of Each Receipt this Period

2000.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Meyers & Flowers**

Account : 18789

Mailing Address 3 N. 2nd Street

 City State Zip Code  
 St. Charles IL 60174

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 17 2014

Transaction ID : SASL2.36067

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Mid American Energy**

Account : 18789

Mailing Address P.O. Box 3006

 City State Zip Code  
 Sioux City IA 51102

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 08 29 2014

Transaction ID : SASL2.35946

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Middle Class American PAC**

Account : 18789

Mailing Address P.O. Box 521

 City State Zip Code  
 Western Springs IL 60558

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 03 20 2014

Transaction ID : SASL2.35830

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

19500.00

**SCHEDULE L-A (FEC Form 3X)**  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Monsanto Company**

Account : 18789

Mailing Address 800 North Lindbergh

City St. Louis State MO Zip Code 63167

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 07 16 2014

Transaction ID : SASL2.35855

Amount of Each Receipt this Period

1500.00

Aggregate Year-to-Date

1500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Monsanto Company**

Account : 18789

Mailing Address 800 North Lindbergh

City St. Louis State MO Zip Code 63167

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 06 2014

Transaction ID : SASL2.35979

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. MRH Solutions, LLC**

Account : 18789

Mailing Address 2420 S. Glenwood Avenue

City Springfield State IL Zip Code 62704

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 06 2014

Transaction ID : SASL2.36147

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Newsweb Corporation**

Account : 18789

Mailing Address 1645 W. Fullerton

City Chicago State IL Zip Code 60614

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 05 21 2014

Transaction ID : SASL2.35848

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

13500.00

10000.00

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Nolan, Thomas M. & Associates**

Account : 18789

Mailing Address 1135 Ashland Avenue

City  
River ForestState  
ILZip Code  
60305

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 09 / 13 / 2014

Transaction ID : SASL2.36018

Amount of Each Receipt this Period

1500.00

Aggregate Year-to-Date

1500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Oasis Legal Finance Company, LLC**

Account : 18789

Mailing Address 40 N. Skokie Boulevard

City  
NorthbrookState  
ILZip Code  
60062

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 09 / 20 / 2014

Transaction ID : SASL2.36135

Amount of Each Receipt this Period

1500.00

Aggregate Year-to-Date

1500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Operating Engineers Local 399 Political Education Fund**

Account : 18789

Mailing Address 2260 South Grtve Street

City  
ChicagoState  
ILZip Code  
60616

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 09 / 20 / 2014

Transaction ID : SASL2.36137

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Painters District Council 14**

Account : 18789

Mailing Address 1456 W. Adams

City  
ChicagoState  
ILZip Code  
60607

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 09 / 20 / 2014

Transaction ID : SASL2.36139

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

23000.00

23000.00

**SCHEDULE L-A (FEC Form 3X)**  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Parsons Brinckerhoff, Inc.**

Account : 18789

Mailing Address One Penn Plaza

City

New York

State

NY

Zip Code

10119

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 09 / 06 / 2014

Transaction ID : SASL2.35980

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Peck Bloom, LLC**

Account : 18789

Mailing Address 105 West Adams Street

City

Chicago

State

IL

Zip Code

60603

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 08 / 29 / 2014

Transaction ID : SASL2.35948

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Peoples Gas**

Account : 18789

Mailing Address 200 E. Randolph

City

Chicago

State

IL

Zip Code

60601

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 09 / 06 / 2014

Transaction ID : SASL2.35984

Amount of Each Receipt this Period

2000.00

Aggregate Year-to-Date

2000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Phillips Law Office**

Account : 18789

Mailing Address 161 N. Clark Street

City

Chicago

State

IL

Zip Code

60601

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 09 / 17 / 2014

Transaction ID : SASL2.36070

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

18000.00

10000.00

**SCHEDULE L-A (FEC Form 3X)**  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Plumbers & Pipefitters Local 99 PAC Fund**

Account : 18789

Mailing Address 406 South Eldorado Road

 City State Zip Code  
 Bloomington IL 61704

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 06 2014

Transaction ID : SASL2.35986

Amount of Each Receipt this Period

2000.00

Aggregate Year-to-Date

2000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Plumbers & Pipefitters Local 99 PAC Fund**

Account : 18789

Mailing Address 406 South Eldorado Road

 City State Zip Code  
 Bloomington IL 61704

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 06 2014

Transaction ID : SASL2.35988

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Plumbers & Pipefitters Local 99 PAC Fund**

Account : 18789

Mailing Address 406 South Eldorado Road

 City State Zip Code  
 Bloomington IL 61704

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 06 2014

Transaction ID : SASL2.35989

Amount of Each Receipt this Period

-2000.00

Aggregate Year-to-Date

-2000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Power Rogers & Smith, P.C.**

Account : 18789

Mailing Address 70 W. Madison St., Ste 5500

 City State Zip Code  
 Chicago IL 60601

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 14 2014

Transaction ID : SASL2.36044

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

11000.00

11000.00

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Primera Engineers, Ltd.**

Account : 18789

Mailing Address 100 South Wacker Drive

City	State	Zip Code
Chicago	IL	60606

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

Transaction ID : SASL2.36023

Amount of Each Receipt this Period

1000.00

### Aggregate Year-to-Date

Date of Receipt

09 / 06 / 2014

Transaction ID : SASL2.35990

Amount of Each Receipt this Period

2000.00

### Aggregate Year-to-Date

Date of Receipt

09 / 17 / 2014

Transaction ID : SASL2.36071

Amount of Each Receipt this Period

5000.00

### Aggregate Year-to-Date

Date of Receipt

Transaction ID : SASL2.35927

Amount of Each Receipt this Period

1000.00

### Aggregate Year-to-Date

9000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....





**SCHEDULE L-A (FEC Form 3X)**  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Sheet Metal Workers Assn. Local 73 PAC**

Account : 18789

Mailing Address 4550 Roosevelt Road

City  
HillsideState  
ILZip Code  
60162

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 08 / 14 / 2014

Transaction ID : SASL2.35883

Amount of Each Receipt this Period

2000.00

Aggregate Year-to-Date

0.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Sheet Metal Workers Union Local 265 PAC Fund**

Account : 18789

Mailing Address 205 Alexandra Way

City  
Carol StreamState  
ILZip Code  
60188

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 08 / 14 / 2014

Transaction ID : SASL2.35885

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

0.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Special Account**

Account : 18789

Mailing Address 1609 East 53rd Street

City  
ChicagoState  
ILZip Code  
60615

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 08 / 14 / 2014

Transaction ID : SASL2.35887

Amount of Each Receipt this Period

3500.00

Aggregate Year-to-Date

0.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Stand for Children Illinois PAC**

Account : 18789

Mailing Address 850 W. Jackson Boulevard # 330

City  
ChicagoState  
ILZip Code  
60607

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 02 / 06 / 2014

Transaction ID : SASL2.35813

Amount of Each Receipt this Period

8900.00

Aggregate Year-to-Date

0.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

15400.00

0.00



**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Teamsters Local 627**

Account : 18789

Mailing Address 7101 N. Allen Road

City  
PeoriaState  
ILZip Code  
61614

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 09 / 06 / 2014

Transaction ID : SASL2.35992

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. TENET Healthcare Corporation**

Account : 18789

Mailing Address P.O. Box 130300

City  
DallasState  
TXZip Code  
75313

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 03 / 26 / 2014

Transaction ID : SASL2.35834

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. TENET Healthcare Corporation PAC**

Account : 18789

Mailing Address 3820 State Street

City  
Santa BarbaraState  
CAZip Code  
93105

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 03 / 20 / 2014

Transaction ID : SASL2.35832

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

2500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. TENET Healthcare Corporation PAC**

Account : 18789

Mailing Address 3820 State Street

City  
Santa BarbaraState  
CAZip Code  
93105

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y  
 03 / 20 / 2014

Transaction ID : SASL2.35833

Amount of Each Receipt this Period

-2500.00

Aggregate Year-to-Date

-2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

11000.00

11000.00

**SCHEDULE L-A (FEC Form 3X)**  
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FOR LINE NUMBER:  
(check only one)☐ 1a☒ 2

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. The Auto Club Group**

Account : 18789

Mailing Address 1 Auto Club Drive

City

Dearborn

State

MI

Zip Code

48126

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2014

Transaction ID : SASL2.35862

Amount of Each Receipt this Period

1500.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. The Healy Law Firm**

Account : 18789

Mailing Address 111 West Washington

City

Chicago

State

IL

Zip Code

60602

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 17 / 2014

Transaction ID : SASL2.36063

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. The Illinois Risk Management Services**

Account : 18789

Mailing Address 1151 East Warrenville Road

City

Naperville

State

IL

Zip Code

60563

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 14 / 2014

Transaction ID : SASL2.35843

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. The Lombard Company**

Account : 18789

Mailing Address 4245 W. 123rd Street

City

Alsip

State

IL

Zip Code

60603

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2014

Transaction ID : SASL2.35924

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

22500.00

# **SCHEDULE L-A (FEC Form 3X)** **ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
for each category of the  
Aggregation Page

PAGE 126 OF 132

FOR LINE NUMBER:  
(check only one)

☐ 1a

☒ 2

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NAME OF COMMITTEE (In Full)

## DEMOCRATIC PARTY OF ILLINOIS

Full Name (Last, First, Middle Initial) / Full Organization Name

### A. The People for Emanuel 'Chris' Welch

Account : 18789

Mailing Address 233 Oak Ridge Avenue

City Hillside State IL Zip Code 60162

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 14 / 2014

Transaction ID : SASL2.36045

Amount of Each Receipt this Period

2000.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

### B. The Roosevelt Group

Account : 18789

Mailing Address 600 W. Van Buren Street

City Chicago State IL Zip Code 60607

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 12 / 2014

Transaction ID : SASL2.35841

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

### C. Thomson Weir LLC

Account : 18789

Mailing Address 420 W. Capitol Avenue

City Springfield State IL Zip Code 62704

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 13 / 2014

Transaction ID : SASL2.36025

Amount of Each Receipt this Period

7500.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

### D. Thornton Heights Terrace, Ltd.

Account : 18789

Mailing Address 160 West Tenth Street

City Chicago Heights State IL Zip Code 60411

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 06 / 2014

Transaction ID : SASL2.35828

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

13000.00







**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

 Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. United Transportation Union PAC**

Account : 18789

Mailing Address 24950 Country Club Boulevard

City North Olmsted State OH Zip Code 44070

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 / 02 / 2014

Transaction ID : SASL2.35956

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. United Transportation Union PAC**

Account : 18789

Mailing Address 24950 Country Club Boulevard

City North Olmsted State OH Zip Code 44070

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 / 13 / 2014

Transaction ID : SASL2.36029

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

7500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. United Union of Roofers Local 11 Pol. Fund**

Account : 18789

Mailing Address 9838 West Roosevelt

City Westchester State IL Zip Code 60154

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 / 06 / 2014

Transaction ID : SASL2.35998

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. UPS PAC**

Account : 18789

Mailing Address 55 Glenview Parkway NE

City Atlanta State GA Zip Code 30328

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 07 / 16 / 2014

Transaction ID : SASL2.35857

Amount of Each Receipt this Period

6000.00

Aggregate Year-to-Date

6000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

14500.00

14500.00

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

 Use separate schedule(s)  
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PAGE 130 OF 132

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Weilmuenster Law Group PC**

Account : 18789

Mailing Address 3201 W. Main Street

City Belleville State IL Zip Code 62226

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 19 2014

Transaction ID : SASL2.36107

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. William Davis for State Representative**

Account : 18789

Mailing Address P.O. Box 704

City Homewood State IL Zip Code 60430

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 19 2014

Transaction ID : SASL2.36086

Amount of Each Receipt this Period

3000.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Winning Systems, Inc.**

Account : 18789

Mailing Address 105 South York Road

City Elmhurst State IL Zip Code 60126

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 13 2014

Transaction ID : SASL2.36030

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Zalewski for State Representative**

Account : 18789

Mailing Address 7676 W. 63rd Street

City Summit State IL Zip Code 60501

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 20 2014

Transaction ID : SASL2.36144

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

16500.00

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

 Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Zeman Homes & Neighborhoods**

Account : 18789

Mailing Address 6547 N. Avondale

City  
ChicagoState  
ILZip Code  
60631

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 / 20 / 2014

Transaction ID : SASL2.36145

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B.**

Account :

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

0.00

Aggregate Year-to-Date

0.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C.**

Account :

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

0.00

Aggregate Year-to-Date

0.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D.**

Account :

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

0.00

Aggregate Year-to-Date

0.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

907400.00

# **SCHEDULE L-B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☐ 4a ☐ 4c ☐ 5  
☐ 4b ☒ 4d

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

## **A. DEMOCRATIC PARTY OF ILLINOIS**

Mailing Address P.O. BOX 518

City State Zip Code  
 SPRINGFIELD IL 62705

Purpose of Disbursement  
 Levin transfer to Federal account

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
 10 01 2014

Transaction ID : SBSL4D.35804

Amount of Each Disbursement this Period

782902.46

Account : 18789

Full Name (Last, First, Middle Initial) / Full Organization Name

## **B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Account :

Full Name (Last, First, Middle Initial) / Full Organization Name

## **C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Account :

Full Name (Last, First, Middle Initial) / Full Organization Name

## **D.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Account :

Full Name (Last, First, Middle Initial) / Full Organization Name

## **E.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Account :

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

782902.46

782902.46